



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		941820.56
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1032760.85									
(c) Total Receipts (from Line 19) .....	157286.96	1029518.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1190047.81	1971339.44								
7. Total Disbursements (from Line 31) .....	273874.19	1055165.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	916173.62	916173.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	65703.83	376666.28
(i) Itemized (use Schedule A) .....	55173.24	232047.88
(ii) Unitemized .....	120877.07	608714.16
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	6666.00
(c) Other Political Committees (such as PACs) .....	120877.07	615380.16
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	36033.00	409568.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	376.89	3070.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	157286.96	1029518.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	157286.96	1029518.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	327.37	19977.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	327.37	19977.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	273246.82	999147.82
24. Independent Expenditure (use Schedule E) .....	0.00	35000.04
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	300.00	1040.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	300.00	1040.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	273874.19	1055165.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	273874.19	1055165.82

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	120877.07	615380.16
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	1040.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120577.07	614340.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	327.37	19977.96
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	327.37	19977.96

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Belinda Brown Cooper		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 121 Clear Creek Road		<b>Transaction ID:</b> 12941393	
City State Zip Code Langhorne PA 19047-2306		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Jersey Hospital Association		Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John J. Dawidowski		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 17 Brookshire Drive		<b>Transaction ID:</b> 12941396	
City State Zip Code Robbinsville NJ 08691-2554		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Jersey Hospital Association		Occupation Vice President & General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Guy P. Evans		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 41 Manitto Place		<b>Transaction ID:</b> 12941403	
City State Zip Code Oceanport NJ 07757-1510		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Jersey Hospital Association		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Sean J. Hopkins		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 6180 Lower Mountain Road		<b>Transaction ID:</b> 12941417
City State Zip Code New Hope PA 18938-5760	Amount of Each Receipt this Period 30.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Jersey Hospital Association	Occupation Sr. VP., Health Economics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.76	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David P. Lavins		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 10 Fox Chase Road		<b>Transaction ID:</b> 12941424
City State Zip Code Malvern PA 19355-3441	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Jersey Hospital Association	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael Maron		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 345 Grove Street		<b>Transaction ID:</b> 12941432
City State Zip Code Oradell NJ 07649-2229	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Holy Name Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	540.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David P Tilton		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 624 Park Place		<b>Transaction ID:</b> 12941463	
City State Zip Code Galloway NJ 08205-6014		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Atlanticare Regional Medical Center		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kent E. Palmberg, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 1216 SW Westside Drive		<b>Transaction ID:</b> 12941564	
City State Zip Code Topeka KS 66615-1236		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Stormont-Vail HealthCare		Occupation Sr. VP, Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. James T Paquette		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 8929 Parallel Parkway		<b>Transaction ID:</b> 12941565	
City State Zip Code Kansas City KS 66112-1636		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Medical Center		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Lynnette A. RauvolaBouta		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 25 Huntington St.		<b>Transaction ID:</b> 12941567
City State Zip Code Eastborough KS 67206-2047	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Via Christi Health System	Occupation SVP, Mission Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Holbrook & Osborn, PA		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 7400 West 110th Street, Suite 600		<b>Transaction ID:</b> 12941611
City State Zip Code Overland Park KS 66210-2360	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Holbrook & Osborn, P.A.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Refunded 10/06

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John H Jeter, , M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 3103 Tam O'Shanter		<b>Transaction ID:</b> 12941615
City State Zip Code Hays KS 67601-8100	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hays Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David L. Knocke		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 6039 SW 36th Street		<b>Transaction ID:</b> 12941621
City State Zip Code Topeka KS 66614-5115	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Stormont-Vail HealthCare	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Vernon L. Long		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 3440 N.E. Kincaid		<b>Transaction ID:</b> 12941624
City State Zip Code Topeka KS 66617-3620	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Stormont-Vail HealthCare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Joseph Messmer		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 12380 Landau Way		<b>Transaction ID:</b> 12974030
City State Zip Code Nampa ID 83686-8024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mercy Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	825.00
<b>TOTAL</b> 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 / 138
	<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) <b>A. Kathy D Moore</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 14980 Oma Street		<b>Transaction ID: 12974031</b>	
City State Zip Code Caldwell ID 83607-7761		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation West Valley Medical Center Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sheryl Rickard</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address Box 1448		<b>Transaction ID: 12974053</b>	
City State Zip Code Sandpoint ID 83864-0877		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Bonner General Hospital Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 640 Ulukahiki Street		<b>Transaction ID: 12978788</b>	
City State Zip Code Kailua HI 96734-4454		Amount of Each Receipt this Period 431.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Castle Medical Center President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 431.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	931.00
<b>TOTAL</b> 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 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Stephen Mayfield</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address One North Franklin Street Suite 32139		<b>Transaction ID: 12989329</b>
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Debbie J. Bowen, FACHE, CAE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 622 Sheridan Square Unit 3		<b>Transaction ID: 12989330</b>
City State Zip Code Evanston IL 60202-4751	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American College of Healthcare Executi	Occupation Executive Vice President & COP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Joseph M. Krella, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 2180 South 1300 East Suite 440		<b>Transaction ID: 12989332</b>
City State Zip Code Salt Lake City UT 84106-2813	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UHA, Utah Hospitals & Health Systems A	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 138
	<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. Alan Kelly		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006
Mailing Address 3621 North Wells FARGO Ave		Transaction ID: 12993156
City State Zip Code Scottsdale AZ 85251-5607	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Scottsdale Healthcare	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Carol Henderson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006
Mailing Address 3621 Wells Fargo Avenue		Transaction ID: 12993157
City State Zip Code Scottsdale AZ 85251-5607	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Scottsdale Healthcare	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. James C. Lewis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006
Mailing Address 11 Steeplechase Road		Transaction ID: 13007702
City State Zip Code Fredericksburg VA 22405-3312	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Medicorp Health System	Occupation Vice President of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Lewis C Addison		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 1920 Atherholt Road		<b>Transaction ID:</b> 13007711
City State Zip Code Lynchburg VA 24501-1104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Centra Health Chief Financial Officer and Senior Vic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Borg		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 140 Stonebrook Road		<b>Transaction ID:</b> 13008749
City State Zip Code Winchester VA 22602-6612	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Valley Health System Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Douglas M. Thompson		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 6015 Poplar Hall Drive		<b>Transaction ID:</b> 13008752
City State Zip Code Norfolk VA 23502-3819	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Sentara Healthcare Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 138
	<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) <b>A.</b> Mr. Gary W. Kirby		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 204 Mill Lake Road		<b>Transaction ID:</b> 13008756
City State Zip Code Huddleston VA 24104-3040	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carilion Medical Center	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary C. Becker		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 7800 South Eagle Road		<b>Transaction ID:</b> 13091599
City State Zip Code Columbia MO 65203-9017	Amount of Each Receipt this Period 27.76	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Missouri Hospital Association	Occupation Senior VP, Commc. & Health Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 12675 Riviera Heights Road		<b>Transaction ID:</b> 13091602
City State Zip Code Holts Summit MO 65043-2039	Amount of Each Receipt this Period 111.04	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	388.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 138
	(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) <b>A. Ms. Kathleen C. Poff</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 5119 Coventry Way		<b>Transaction ID: 13091609</b>	
City State Zip Code Jefferson City MO 65101-8284	Amount of Each Receipt this Period 27.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Missouri Hospital Association Occupation Senior Vice President & CFO	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Gerald M. Sill, J.D.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 2906 Valley View Terrace		<b>Transaction ID: 13091613</b>	
City State Zip Code Jefferson City MO 65109-1069	Amount of Each Receipt this Period 27.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Missouri Hospital Association Occupation Senior Vice President & General Counsel	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Marc D. Smith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 5612 Tanner Bridge Road		<b>Transaction ID: 13091614</b>	
City State Zip Code Jefferson City MO 65101-8275	Amount of Each Receipt this Period 111.04		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Missouri Hospital Association Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	166.56
<b>TOTAL</b> 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: <span style="float: right;">PAGE 17 / 138</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Ronald J. Levy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 21 Clermont Lane		<b>Transaction ID: 13091615</b>	
City State Zip Code Saint Louis MO 63124-1201	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SSM Health Care - St. Louis	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John G O'Brien</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1 Biotech Park		<b>Transaction ID: 13123459</b>	
City State Zip Code Worcester MA 01605-2982	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UMass Memorial Health Care, Inc.	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Hank J Porten, CHE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 575 Beech Street		<b>Transaction ID: 13123460</b>	
City State Zip Code Holyoke MA 01040-2223	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Holyoke Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Christine R Wray		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address P O Box 527		<b>Transaction ID:</b> 13123943	
City Leonardtown	State MD	Amount of Each Receipt this Period 520.00	
Zip Code 20650-0527			
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Peter E Chalke		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 300 Main Street		<b>Transaction ID:</b> 13123989	
City Lewiston	State ME	Amount of Each Receipt this Period 250.00	
Zip Code 04240-0305			
FEC ID number of contributing federal political committee. C			
Name of Employer Central Maine Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William Caron		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1195 Shore Road		<b>Transaction ID:</b> 13123997	
City Cape Elizabeth	State ME	Amount of Each Receipt this Period 250.00	
Zip Code 04107-2112			
FEC ID number of contributing federal political committee. C			
Name of Employer MaineGeneral Medical Center-Waterville	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1020.00
<b>TOTAL</b> 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 19 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathleen Ann Sellick</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1959 NE Pacific St, Box 356151		<b>Transaction ID: 13125103</b>	
City State Zip Code Seattle CA 98195-0001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rady Children's Hospital and Health Ce	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Kenneth D Graham, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1035 116th Avenue NE		<b>Transaction ID: 13125113</b>	
City State Zip Code Bellevue WA 98004-4686	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Overlake Hospital Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Gregory G. Jones</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 219 Fawn Ct.		<b>Transaction ID: 13125126</b>	
City State Zip Code Pittsboro IN 46167-9178	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Robert C Keen, , Ph.D., F		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 4539 E. 500 N.		Transaction ID: 13125217	
City State Zip Code Greenfield IN 46140-9572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hancock Regional Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Lawrence R. Ulrich		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 4655 Running Brook Terr		Transaction ID: 13125222	
City State Zip Code Greenwood IN 46143-9255	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Four County Counseling Ce- nter	Occupation Executive Director and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Douglas J Leonard		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 2400 East 17th Street		Transaction ID: 13125287	
City State Zip Code Columbus IN 47201-5351	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Columbus Regional Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> 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 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Paul Cardwell		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 1407 Indian Hills		<b>Transaction ID:</b> 13125294	
City State Zip Code Monticello IN 47960-2729		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer White County Memorial Hospital		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Roger J Allman		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 510 Miles Ridge Road		<b>Transaction ID:</b> 13125340	
City State Zip Code Madison IN 47250-2420		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer King's Daughters' Hospital and Health		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dennis W Dawes, , FACHE		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 36 Brandywine Ct.		<b>Transaction ID:</b> 13125342	
City State Zip Code Brownsburg IN 46112-1076		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hendricks Regional Health		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 / 138
	<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) <b>A. Mr. Robert S Curtis</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 5505 W. Pineridge Road		<b>Transaction ID: 13125344</b>	
City State Zip Code Muncie IN 47304-3422	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardinal Health System	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Worthe S. Holt, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 9714 Gulfstream Drive		<b>Transaction ID: 13125346</b>	
City State Zip Code Fishers IN 46037-9726	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Peter H Alexander</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1082 Maple Avenue		<b>Transaction ID: 13125430</b>	
City State Zip Code Noblesville IN 46060-2836	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Elizabeth Ann Seton Hospital of Ca	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 23 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Bradford W Dykes		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 104 Windamere Circle		<b>Transaction ID:</b> 13125432	
City State Zip Code Bedford IN 47421-9604		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Bedford Regional Medical Center		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Chad Killian		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 10571 Elizabeth Crt		<b>Transaction ID:</b> 13125454	
City State Zip Code Carmel IN 46032-8231		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Vincent Indianapolis Hospital		Occupation Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Dale M Lodge		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 41 Highland Avenue		<b>Transaction ID:</b> 13125477	
City State Zip Code Winchester MA 01890-1496		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Winchester Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Katherine Humphreys</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address P.O. Box 935		<b>Transaction ID: 13125483</b>	
City State Zip Code South Bend IN 46624-0935		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Vincent Indianapolis Hospital		Occupation SVP, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. James C Cooper</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address P O Box 5525		<b>Transaction ID: 13125522</b>	
City State Zip Code Bismarck ND 58506-5525		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MedCenter One		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan Maddox</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1620 5th Avenue Suite 725		<b>Transaction ID: 13125528</b>	
City State Zip Code San Diego CA 92101-2716		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rady Children's Hospital and Health Ce		Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 / 138
	<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) <b>A.</b> Mr. George Hersch		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 7004 Bridgepointe Blvd.		<b>Transaction ID:</b> 13126401	
City Prospect State KY Zip Code 40059-9675	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Norton Healthcare Occupation VP of Material Management	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Hollie Harris		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1220 Harrodsburg Road		<b>Transaction ID:</b> 13126407	
City Lexington State KY Zip Code 40504-2739	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Appalachian Regional Healthcare Occupation Director of Planning	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. James D. Jackson		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address Post Office Box 668		<b>Transaction ID:</b> 13126408	
City Prestonsburg State KY Zip Code 41653-0668	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Highlands Regional Medical Center Occupation Chief Information Officer	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> 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 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Peter A Hofstetter		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 1370		<b>Transaction ID:</b> 13127407
City State Zip Code Saint Albans VT 05478-1370	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwestern Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Daria V Mason		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 547		<b>Transaction ID:</b> 13127408
City State Zip Code Barre VT 05641-0547	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Vermont Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Anne E. Cramer		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 153 Packard Road		<b>Transaction ID:</b> 13127409
City State Zip Code Jericho VT 05465-2025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eggleston & Cramer	Occupation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas M Driskill, Jr. Mailing Address 3675 Kilauea Avenue City Honolulu State HI Zip Code 96816-2398 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 <b>Transaction ID: 13129616</b> Amount of Each Receipt this Period 500.00
Name of Employer: Hawaii Health Systems Corporation Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Arthur A Ushijima Mailing Address 1099 Alakea Street, Suite 1100 City Honolulu State HI Zip Code 96813-4512 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 <b>Transaction ID: 13129617</b> Amount of Each Receipt this Period 500.00
Name of Employer: Queen's Health Systems Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Richard Cagen Mailing Address 1235 NE 47th Avenue Suite 299 City Portland State OR Zip Code 97229-8087 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 <b>Transaction ID: 13129623</b> Amount of Each Receipt this Period 250.00
Name of Employer: Providence Health System Occupation: Chief Executive Officer-Portland Area Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 / 138
	<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) <b>A.</b> Mr. Stanley Martinkus		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2811 Tieton Drive		<b>Transaction ID:</b> 13154266	
City State Zip Code Yakima WA 98902-3799	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Yakima Valley Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Harold S Geller		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 315 North 14th Street		<b>Transaction ID:</b> 13154273	
City State Zip Code Othello WA 99344-1297	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Othello Community Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Lloyd R. Musselman		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 165 South 29rd Street		<b>Transaction ID:</b> 13154274	
City State Zip Code Federal Way WA 98003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Highline Medical Center	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary V Peck

Mailing Address P O Box 197

City State Zip Code  
Chewelah WA 99109-0197

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

Name of Employer St. Joseph's Hospital  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 13154275

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul Tucker

Mailing Address 16251 Sylvester Road SW

City State Zip Code  
Seattle WA 98166-3052

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

Name of Employer Highline Medical Center  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 13154276

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Ewanchyna

Mailing Address 3996 NW Walnut Ct.

City State Zip Code  
Corvallis OR 97330-1072

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

Name of Employer Samaritan Health Services  
Occupation Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 13154363

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> 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 30 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard Stenson		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 335 SE Eighth Avenue		<b>Transaction ID:</b> 13154370
City Hillsboro State OR Zip Code 97123-4246	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tuality Healthcare Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Keith Marton, MD		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 3338 SW Fairmount Lane		<b>Transaction ID:</b> 13154377
City Portland State OR Zip Code 97239-1446	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Legacy Health System Occupation Senior Vice President & CMO	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Pamela S Vukovich		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1919 NW Lovejoy Street		<b>Transaction ID:</b> 13154378
City Portland State OR Zip Code 97209-1503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Legacy Health System Occupation Senior Vice President and Chief Financial Officer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Lee Domanico		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1919 NW Lovejoy Street		<b>Transaction ID:</b> 13154379
City State Zip Code Portland OR 97209-1503	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Legacy Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. C. Matthew Calais		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1919 NW Lovejoy Street		<b>Transaction ID:</b> 13154380
City State Zip Code Portland OR 97209-1503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Legacy Health System	Occupation Senior Vice President Administrative S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Powell C. Groner, III		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 27080 SW Xanthus Court		<b>Transaction ID:</b> 13154387
City State Zip Code Sherwood OR 97140-8448	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Legacy Health System	Occupation Sr. Vice President & Chief Legal Couns	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 138
	<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) <b>A.</b> Mr. Russ Danielson		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1926 Aztec Court		<b>Transaction ID:</b> 13155517	
City State Zip Code West Linn OR 97068-4804	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Providence St. Vincent Medical Center	Occupation Sr. Vice President/CEO-Oregon Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David T Underriner		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 4805 NE Glisan Street		<b>Transaction ID:</b> 13155518	
City State Zip Code Portland OR 97213-2933	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Providence Portland Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Craig Wright, MD.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 731 SW Bancroft Terrace		<b>Transaction ID:</b> 13155519	
City State Zip Code Portland OR 97239-4157	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Providence Portland Medical Center	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. June Chrisman		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9205 SW Barnes Road		<b>Transaction ID:</b> 13155522	
City Portland	State OR	Zip Code 97225-6684	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Providence St. Vincent Medical Center	Occupation Director Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Terry Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2525 NW 133 Pl.		<b>Transaction ID:</b> 13155525	
City Portland	State OR	Zip Code 97229-4571	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Portland Medical Center	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cheryl Bentley		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 1017		<b>Transaction ID:</b> 13163874	
City Brighton	State CO	Zip Code 80601-1017	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Platte Valley Medical Center	Occupation Vice President Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 138
	<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) <b>A.</b> Mr. Karl B Gills		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1024 Central Park Drive		<b>Transaction ID:</b> 13163876
City State Zip Code Steamboat Springs CO 80487-8813	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Yampa Valley Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kenneth E S Platou		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 800 South Third Street		<b>Transaction ID:</b> 13163886
City State Zip Code Montrose CO 81401-4291	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Montrose Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John R Hicks		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1850 Egbert Street		<b>Transaction ID:</b> 13163920
City State Zip Code Brighton CO 80601-2404	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Platte Valley Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Kenneth L. Kuebler		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1004 Carriage Court		<b>Transaction ID:</b> 13164210
City State Zip Code Jefferson City MO 65109-5741	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri Hospital Association Occupation Executive Vice President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Mitch Leupp		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 399		<b>Transaction ID:</b> 13164587
City State Zip Code Stanley ND 58784-0399	Amount of Each Receipt this Period 285.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mountrail County Medical Center Occupation Administrator	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Mitch Leupp		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 399		<b>Transaction ID:</b> 13164588
City State Zip Code Stanley ND 58784-0399	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mountrail County Medical Center Occupation Administrator	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	615.00
<b>TOTAL</b> 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 36 / 138
	(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) <b>A.</b> Ms. Delia O'Connor		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 25 Highland Avenue		<b>Transaction ID:</b> 13164956	
City State Zip Code Newburyport MA 01950-3867	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anna Jaques Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Paul W. Allison		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 36 Mitchell Grant		<b>Transaction ID:</b> 13164957	
City State Zip Code Bedford MA 01730-1264	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cambridge Health Alliance	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dennis D Keefe		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 1493 Cambridge Street		<b>Transaction ID:</b> 13164961	
City State Zip Code Cambridge MA 02139-1099	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cambridge Health Alliance	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 138
	<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) <b>A.</b> Mr. Stephen Cumbie		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 837 Mackall Drive		<b>Transaction ID:</b> 13170027
City State Zip Code McLean VA 22101-1615	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Health System	Occupation Manager & Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. George W Dawson		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1920 Atherholt Road		<b>Transaction ID:</b> 13170029
City State Zip Code Lynchburg VA 24501-1104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Centra Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathryn Wall		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 11513 Kingswood Blvd.		<b>Transaction ID:</b> 13170032
City State Zip Code Fredericksburg VA 22408-1882	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mediacorp Health System	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 38 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael Taylor		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 533 Kings Grant Road		<b>Transaction ID:</b> 13170038
City State Zip Code Virginia Beach VA 23452-7051	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sentara Healthcare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James L Woodward		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 3340		<b>Transaction ID:</b> 13170042
City State Zip Code Winchester VA 22604-3340	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Winchester Medical Center	Occupation President and Chief Administrative Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Terry Sinclair, , M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 3340		<b>Transaction ID:</b> 13170076
City State Zip Code Winchester VA 22604-1334	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Valley Health System	Occupation Senior Vice President Medical Staff Af	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lois L. Kercher, RN, DNSc

Mailing Address 1349 Graydon Avenue

City Norfolk State VA Zip Code 23507-1008

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

Name of Employer Sentara Virginia Beach General Hospital Occupation Vice President/Nurse Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 13170077

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Candace Quinn

Mailing Address 624 Live Oak Drive

City McLean State VA Zip Code 22101-1562

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

Name of Employer Inova Health System Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 13170078

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Blair

Mailing Address 4109 Plymbridge Lane

City Woodbridge State VA Zip Code 22192-5133

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

Name of Employer Prince William Health System Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 13170079

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 40 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Victor J. Dipilla		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 110 Stearns Avenue		<b>Transaction ID:</b> 13170580	
City State Zip Code Cincinnati OH 45215-4334	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christ Hospital	Occupation Acting Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Mark R Tolosky, , FACHE, J		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 759 Chestnut Street		<b>Transaction ID:</b> 13172553	
City State Zip Code Springfield MA 01199-1001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baystate Health, Inc.	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary M. Covington		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 123 Briarwood Drive		<b>Transaction ID:</b> 13174161	
City State Zip Code Carrollton GA 30117-4104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tanner Medical Center	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Wendy Lyons		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 3621 Wells Fargo Avenue		<b>Transaction ID:</b> 13174169	
City State Zip Code Scottsdale AZ 85251-5607	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Scottsdale Healthcare	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Mary Henrikson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 3003 Health Center Drive		<b>Transaction ID:</b> 13174172	
City State Zip Code San Diego CA 92123-2700	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sharp Mary Birch Hospital For Women	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Richard MacArthur, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 1122 Carriage Road		<b>Transaction ID:</b> 13174236	
City State Zip Code Tallahassee FL 32312-2502	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tallahassee Memorial HealthCare	Occupation Senior Vice President and Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. G. Mark O'Bryant</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9616 Deer Valley Drive		<b>Transaction ID: 13174239</b>	
City State Zip Code Tallahassee FL 32312-4245	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tallahassee Memorial HealthCare	Occupation Senior Vice President & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sharon M. Bass, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2619 Blue Heron Circle		<b>Transaction ID: 13203629</b>	
City State Zip Code Roanoke VA 24018-5133	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carilion Health System	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard Magenheimer</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 8110 Gatehouse Road		<b>Transaction ID: 13203631</b>	
City State Zip Code Falls Church VA 22042-1210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Grish		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 37705 Chappelle Hill Road		<b>Transaction ID:</b> 13203633
City State Zip Code Purcellville VA 20132-4007	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Loudoun Hospital	Occupation Chief Finanacial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Thomas C. Jividen		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2713 Greenhill Avenue		<b>Transaction ID:</b> 13203637
City State Zip Code Lynchburg VA 24503-2923	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Centra Health	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth Long		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 8316 Shady Ridge Lane		<b>Transaction ID:</b> 13203641
City State Zip Code Mechanicsville VA 23116-1803	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Virginia Hospital & Health-care Associa	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 138
	<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) <b>A. Mr. Gerald Seager</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 7509 Mendota Place		<b>Transaction ID: 13203649</b>	
City State Zip Code Springfield VA 22150-4123	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Donna Littlepage</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 610 Broce Drive		<b>Transaction ID: 13203653</b>	
City State Zip Code Blacksburg VA 24060-2802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carilion Health System	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Cynthia Kilgore</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 9888 Becket Ct.		<b>Transaction ID: 13203654</b>	
City State Zip Code Fairfax VA 22032-2412	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 138
	<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) <b>A.</b> Ms. Katherine Reeves		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 10175 Bevoir Drive		<b>Transaction ID:</b> 13203658
City State Zip Code Fort Belvoir VA 22060-2119	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Health System	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Melina Dee Perdue		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 101 Elm Avenue SE		<b>Transaction ID:</b> 13203664
City State Zip Code Roanoke VA 24013-2222	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carilion Health System	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Edward Caldwell		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 6642 Sugar Ridge Drive SW		<b>Transaction ID:</b> 13203666
City State Zip Code Roanoke VA 24018-7632	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carilion Health System	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 138
	(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) <b>A.</b> Ms. Linda Sallee		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 900 North Stuart		<b>Transaction ID:</b> 13203667	
City State Zip Code Arlington VA 22203-4101	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Walter J Kiwall		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1001 Sam Perry Boulevard		<b>Transaction ID:</b> 13203668	
City State Zip Code Fredericksburg VA 22401-3354	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mary Washington Hospital	Occupation Executive Vice President and Chief Oper		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Charlie M. Horton		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 137 Old Forest Circle		<b>Transaction ID:</b> 13203733	
City State Zip Code Winchester VA 22602-6627	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Warren Memorial Hospital	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James C Hughes		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 8110 Gatehouse Road		<b>Transaction ID:</b> 13203736	
City Falls Church	State VA	Zip Code 22042-1210	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Chief Corporate Services Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Hugh Thornhill		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 213 S. Jefferson Street Suite 830		<b>Transaction ID:</b> 13203739	
City Roanoke	State VA	Zip Code 24011-1705	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carilion Health System	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John Moynihan		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1170 Huntover Ct.		<b>Transaction ID:</b> 13203743	
City McLean	State VA	Zip Code 22102-2511	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Director of Surgery		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 48 / 138
	(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) <b>A. Ms. Marcia Riley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 14808 Silverstone Drive		<b>Transaction ID: 13203749</b>	
City State Zip Code Silver Spring MD 20905-7427		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System Occupation Chief Learning Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven E. Brown</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 15257 Surrey House		<b>Transaction ID: 13203750</b>	
City State Zip Code Centreville VA 20120-1179		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Fairfax Hospital Occupation Vice President & Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lars Houmann</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 601 East Rollins Street		<b>Transaction ID: 13214701</b>	
City State Zip Code Orlando FL 32803-1248		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Florida Hospital Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James R. Nathan

Mailing Address 3333 Hibiscus Drive

City State Zip Code  
Fort Myers FL 33901-6720

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

Name of Employer Cape Coral Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 13214712

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M Rozek

Mailing Address 3100 SW 62nd Avenue

City State Zip Code  
Miami FL 33155-3009

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

Name of Employer Miami Children's Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 13214717

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Johnson

Mailing Address P O Box 59515

City State Zip Code  
Panama City FL 32402-2515

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

Name of Employer Bay Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 13214732

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick J. Madden

Mailing Address 1941 East Lloyd Street

City State Zip Code  
Pensacola FL 32503-6064

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

Name of Employer  
Sacred Heart Hospital of Pensacola

Occupation  
President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2006

**Transaction ID:** 13220991

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian K Woodliff

Mailing Address P O Box 1008

City State Zip Code  
Tahlequah OK 74465-1008

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

Name of Employer  
Tahlequah City Hospital

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2006

**Transaction ID:** 13221351

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathie Calbone

Mailing Address 3300 NW Expressway

City State Zip Code  
Oklahoma City OK 73112-4999

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

Name of Employer  
Integrus Baptist Medical Center

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** 13221365

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 138
	<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) <b>A. Ms. Patricia Andersen</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 4001 Innsbrook Court		<b>Transaction ID: 13221611</b>	
City State Zip Code Norman OK 73072-4233		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oklahoma Hospital Association		Occupation VP, Finance & Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Patricia Davis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 4414 Manchester Court		<b>Transaction ID: 13221612</b>	
City State Zip Code Norman OK 73072-3915		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oklahoma Hospital Association		Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Shane Dunning</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address P O Box 97		<b>Transaction ID: 13221613</b>	
City State Zip Code Carnegie OK 73015-0097		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carnegie Tri-County Municipal Hospital		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Sheryl R. McLain, MS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 2301 Steeplechase Road		<b>Transaction ID: 13221614</b>	
City State Zip Code Edmond OK 73034-5893		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oklahoma Hospital Association		Occupation Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffrey Brickman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 333 North Madison Street		<b>Transaction ID: 13223819</b>	
City State Zip Code Joliet IL 60435-8200		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Provena Saint Joseph Medical Center		Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Keith Allen Page</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 6800 State Route 162		<b>Transaction ID: 13223820</b>	
City State Zip Code Maryville IL 62062-8500		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Anderson Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	925.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James H Skogsbergh		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2025 Windsor Drive		<b>Transaction ID:</b> 13223821	
City State Zip Code Oak Brook IL 60523-1586	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate Health Care	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Lee Sacks, , M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2025 Windsor Drive		<b>Transaction ID:</b> 13223822	
City State Zip Code Oak Brook IL 60523-1586	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate Health Care	Occupation Executive Vice President and Chief Med		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David S. Fox		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 3815 Highland Avenue		<b>Transaction ID:</b> 13223823	
City State Zip Code Downers Grove IL 60515-1500	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Central DuPage Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) <b>A.</b> Dr. Annmarie Errichetti, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 17800 South Kedzie Avenue		<b>Transaction ID:</b> 13223824	
City State Zip Code Hazel Crest IL 60429-2029	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate South Suburban Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Brad Billings		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 722 Eagle Trace		<b>Transaction ID:</b> 13223825	
City State Zip Code Quincy IL 62305-6201	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blessing Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Maureen A. Kahn		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 812 Springlake Drive		<b>Transaction ID:</b> 13223826	
City State Zip Code Quincy IL 62301	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blessing Hospital	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Raymond Grady, FACHE		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2239 Charter Point Drive		<b>Transaction ID:</b> 13223828
City State Zip Code Arlington Heights IL 60004-7226	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Evanston Northwestern Healthcare	Occupation President, Hospitals and Clinics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Martin		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1324 North Sheridan Road		<b>Transaction ID:</b> 13223829
City State Zip Code Waukegan IL 60085-2161	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Vista Medical Center West	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1457.50	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Leo F Childers, Jr., FAC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 605 North 12th Street		<b>Transaction ID:</b> 13223830
City State Zip Code Mount Vernon IL 62864-2899	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Good Samaritan Regional Health Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Lou Mastro</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 852 West Street		<b>Transaction ID: 13223832</b>	
City State Zip Code Naperville IL 60540-6400	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Linden Oaks Hospital at Edward	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. David T Ochs</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2500 West Reynolds		<b>Transaction ID: 13223833</b>	
City State Zip Code Pontiac IL 61764-2194	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OSF Saint James - John W. Albrecht Med	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. James M. Sanger</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 20 Clear Lake		<b>Transaction ID: 13223834</b>	
City State Zip Code Centralia IL 62801-3720	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Wayne M Lerner, DPH		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1025 Glenview Road		<b>Transaction ID:</b> 13223835
City State Zip Code Glenview IL 60025-3134	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Rehabilitation Institute of Chicago	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Connie L Schroeder		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 640 West Washington Street		<b>Transaction ID:</b> 13223836
City State Zip Code Pittsfield IL 62363-1350	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Illini Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.50	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Richard B Floyd		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 934 Center Street		<b>Transaction ID:</b> 13223837
City State Zip Code Elgin IL 60120-2198	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sherman Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	825.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dennis C Millirons, , CHE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 801 S Milwaukee Avenue		<b>Transaction ID:</b> 13223838	
City State Zip Code Libertyville IL 60048-3204		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Condell Medical Center		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Van A Hanover		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 801 S Milwaukee Avenue		<b>Transaction ID:</b> 13223839	
City State Zip Code Libertyville IL 60048-3199		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Condell Medical Center		Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Colleen Kannaday, , FACHE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 12935 South Gregory Street		<b>Transaction ID:</b> 13223840	
City State Zip Code Blue Island IL 60406-2428		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Francis Hospital & Health Center		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	925.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert T. Clarke</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 800 North Rutledge Street		<b>Transaction ID: 13223842</b>
City Springfield State IL Zip Code 62781-0002	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert W Kay</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 701 North First Street		<b>Transaction ID: 13223844</b>
City Springfield State IL Zip Code 62781-0001	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Health System	Occupation Senior Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Forrest G Hester</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address Post Office Box 569		<b>Transaction ID: 13223845</b>
City Lincoln State IL Zip Code 62656-0569	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Abraham Lincoln Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Harry Wolin		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address P O Box 530		<b>Transaction ID:</b> 13223846	
City State Zip Code Havana IL 62644-0530		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Mason District Hospital Administrator and Chief Executive Offi			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William Kessler		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address One Saint Anthony's Way		<b>Transaction ID:</b> 13223847	
City State Zip Code Alton IL 62002-4568		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Saint Anthony's Health Ce- Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John Jurica		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 325 Rock Creek Drive		<b>Transaction ID:</b> 13223849	
City State Zip Code Manteno IL 60950-3470		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Riverside Medical Center Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia Shehorn</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1225 Lake Street		<b>Transaction ID: 13223850</b>	
City State Zip Code Melrose Park IL 60160-4000	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Westlake Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Bomher</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1151 E. Warrenville Road		<b>Transaction ID: 13223851</b>	
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association	Occupation VP, Associate General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Danny Chun</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 303 North Oak Park Avenue		<b>Transaction ID: 13223852</b>	
City State Zip Code Oak Park IL 60302-2189	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association	Occupation Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Dunn		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 700 South Second Street		<b>Transaction ID:</b> 13223853	
City State Zip Code Springfield IL 62704-2516		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association		Occupation Assistant VP, Gov't Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael Eesely		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 527 West South Street		<b>Transaction ID:</b> 13223855	
City State Zip Code Woodstock IL 60098-3756		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Centegra Health System		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David Bertauski		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1400 West Park Street		<b>Transaction ID:</b> 13223857	
City State Zip Code Urbana IL 61801-2334		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Provena Covenant Medical Center		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 138						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Bomher		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1151 E. Warrenville Road		<b>Transaction ID:</b> 13223858	
City State Zip Code Naperville IL 60563-9339		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association		Occupation VP, Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Jeffrey Brickman		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 333 North Madison Street		<b>Transaction ID:</b> 13223859	
City State Zip Code Joliet IL 60435-8200		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Provena Saint Joseph Medical Center		Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jonathan R. Bruss		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 30 W 061 Kensington Drive		<b>Transaction ID:</b> 13223860	
City State Zip Code Warrenville IL 60555		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate Good Samaritan Hospital		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 138
	<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) <b>A.</b> Mr. Richard J Carlson		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 800 East Carpenter Street		<b>Transaction ID:</b> 13223862	
City State Zip Code Springfield IL 62769-0002		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation St. John's Hospital Executive Vice President and Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph V. Connell		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1151 East Warrenville Road		<b>Transaction ID:</b> 13223864	
City State Zip Code Naperville IL 60563-9339		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Illinois Hospital and HealthSystems As Senior Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jeffrey L Durham		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address P O Box 850		<b>Transaction ID:</b> 13223868	
City State Zip Code Metropolis IL 62960-0850		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Massac Memorial Hospital Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 138
	(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) <b>A. Mr. Kevin R. England</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 39 Harbauer Lane		<b>Transaction ID: 13223871</b>
City State Zip Code Springfield IL 62702-3444	Amount of Each Receipt this Period 267.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Health System	Occupation President, Clinical Support Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.50	

Full Name (Last, First, Middle Initial) <b>B. Dr. Annmarie Errichetti, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 17800 South Kedzie Avenue		<b>Transaction ID: 13223872</b>
City State Zip Code Hazel Crest IL 60429-2029	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Advocate South Suburban Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Raymond Grady, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 2239 Charter Point Drive		<b>Transaction ID: 13223877</b>
City State Zip Code Arlington Heights IL 60004-7226	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Evanston Northwestern Healthcare	Occupation President, Hospitals and Clinics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1017.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 138
	<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) <b>A.</b> Mr. James M. Hohner		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2159 W. Agatite		Transaction ID: 13225460	
City State Zip Code Chicago IL 60625-1705	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate Health Care	Occupation Director, Advocate Health Care Foundat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David T Ochs		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2500 West Reynolds		Transaction ID: 13225467	
City State Zip Code Pontiac IL 61764-2194	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSF Saint James - John W. Albrecht Med	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Daniel P. Schmidt		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 8 Andrew Court		Transaction ID: 13225470	
City State Zip Code Burr Ridge IL 60527-8128	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate Health Care	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. James H Skogsbergh		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 2025 Windsor Drive		<b>Transaction ID:</b> 13225475	
City State Zip Code Oak Brook IL 60523-1586	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate Health Care	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Keith E Steffen		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 530 NE Glen Oak Avenue		<b>Transaction ID:</b> 13225476	
City State Zip Code Peoria IL 61637-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSF Saint Francis Medical Center	Occupation Administrator and Chief Executive Offi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.50		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Richard B Floyd		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 934 Center Street		<b>Transaction ID:</b> 13225559	
City State Zip Code Elgin IL 60120-2198	Amount of Each Receipt this Period 17.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sherman Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	767.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Clifford J. Bauer

Mailing Address 401 North West 131st Avenue

City State Zip Code  
Plantation FL 33325

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

Name of Employer Occupation  
North Ridge Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 13231077

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip K. Beauchamp, FACHE

Mailing Address 1560 Gulf Blvd.

City State Zip Code  
Clearwater FL 33767-2900

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

Name of Employer Occupation  
Morton Plant Hospital President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 13231078

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Belcher

Mailing Address Rt. 15, Box 241

City State Zip Code  
Tallahassee FL 32311

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

Name of Employer Occupation  
Florida Hospital Association Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 13231079

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City State Zip Code  
Saint Petersburg FL 33701-4891

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

Name of Employer Occupation  
Bayfront Medical Center President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 13231080**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence F. Garrison

Mailing Address 6450 US Highway 1

City State Zip Code  
Rockledge FL 32955-5747

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

Name of Employer Occupation  
Cape Canaveral Hospital/Health First Executive Vice President and COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 13231089**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard M Irwin, Jr.

Mailing Address 10000 West Colonial Drive

City State Zip Code  
Ocoee FL 34761-3499

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

Name of Employer Occupation  
Health Central President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID: 13231099**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joe Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1621 Timber Hills Drive		<b>Transaction ID:</b> 13231103
City State Zip Code Deland FL 32724-7978	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Florida Hospital Fish Memorial	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ford Kyes		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 12588		<b>Transaction ID:</b> 13231104
City State Zip Code Saint Petersburg FL 33733-2588	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Anthony's Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Isaac Mallah		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P O Box 4227		<b>Transaction ID:</b> 13231110
City State Zip Code Tampa FL 33677-4227	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Joseph's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 71 / 138
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Stephen Mason</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 3909 Snapper Pointe Drive		<b>Transaction ID: 13231112</b>	
City State Zip Code Tampa FL 33611-1030	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N.W. Fla. Comm. Hospital	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Kenneth Noteboom</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 1210 West Robinson Street		<b>Transaction ID: 13299571</b>	
City State Zip Code Norman OK 73069-7401	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Norman Specialty Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. James R Cramer</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 3621 Wells Fargo Avenue		<b>Transaction ID: 13299821</b>	
City State Zip Code Scottsdale AZ 85251-5607	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Scottsdale Healthcare	Occupation Vice President and Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Martin G. Oscadal		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006
Mailing Address 1815 Farm Hospital Way		<b>Transaction ID:</b> 13324046
City State Zip Code Florence KY 41042	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Elizabeth Medical Center-Grant Cou	Occupation V.P. Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Martin G. Oscadal		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006
Mailing Address 1815 Farm Hospital Way		<b>Transaction ID:</b> 13504956
City State Zip Code Florence KY 41042	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Elizabeth Medical Center-Grant Cou	Occupation V.P. Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$300.00 This changes the YTD Total to \$0.-00

Full Name (Last, First, Middle Initial) <b>C.</b> Katie Vaughan		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 506 A East Howell Avenue		<b>Transaction ID:</b> PR1034595117610
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726217610	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sohini Jindal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613617610	
Mailing Address 325 Seventh Street, NW		Amount of Each Receipt this Period 60.00	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727317610	
Mailing Address 107 East Lane		Amount of Each Receipt this Period 120.00	
City Lake Barrington State IL Zip Code 60010-1939	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Deborah F. Weiner		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11004 Petersborough		<b>Transaction ID:</b> PR327745917610	
City State Zip Code Rockville MD 20852-3249	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Director, Grassroots Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Neil J. Jesuele		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1003 Kimberly Place		<b>Transaction ID:</b> PR327801717610	
City State Zip Code Great Falls VA 22066-1546	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> PR327812017610	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Organization of Nurse Executi	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327942117610
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation President	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136917610
Mailing Address 204 South 7th Avenue		Amount of Each Receipt this Period 120.00
City La Grange State IL Zip Code 60525-6406	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223817610
Mailing Address 5545 N. Wayne		Amount of Each Receipt this Period 60.00
City Chicago State IL Zip Code 60640-1318	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> 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 78 / 138						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260917610	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 240.00	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Executive Vice President	Aggregate Year-to-Date ▼ 1600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$80.00 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310417610	
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 120.00	
City Arnold State MD Zip Code 21012-2126	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312717610	
Mailing Address 1001 N. Potomac St.		Amount of Each Receipt this Period 120.00	
City Arlington State VA Zip Code 22205-1629	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	480.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341817610
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot	Aggregate Year-to-Date 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511817610
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 142.80
City Yardley State PA Zip Code 19067-5736	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$47.60 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date 676.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Alicia N. Mitchell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512017610
Mailing Address 909 N. Madison St.		Amount of Each Receipt this Period 60.00
City Arlington State VA Zip Code 22205-1655	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>322.80</b>
<b>TOTAL</b> 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 82 / 138						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547717610	
Mailing Address 530 North Lakeshore Drive Unit 2303		Amount of Each Receipt this Period 60.00	
City Chicago State IL Zip Code 60611-7424	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Strategic Planning Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549217610	
Mailing Address One North Franklin		Amount of Each Receipt this Period 60.00	
City Chicago State IL Zip Code 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Member Relations Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776117610	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 65.22	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation V.P., Advocacy & Member Communications Aggregate Year-to-Date ▼ 369.58		
		P/R Deduction (\$21.74 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	185.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 138
	<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) <b>A.</b> Mr. Alexander R. White, Jr. Mailing Address PO Box 15587 City Austin State TX Zip Code 78761-5587 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416017610 Amount of Each Receipt this Period 124.98
Name of Employer American Hospital Association Occupation AHA Regional Executive for TX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.20		P/R Deduction (\$41.66 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church State VA Zip Code 22046-2613 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331533217610 Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth Summy Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR346168117610 Amount of Each Receipt this Period 31.23
Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHRM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20		P/R Deduction (\$10.41 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>276.21</b>
<b>TOTAL</b> 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 84 / 138	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Sr. Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

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

**Transaction ID:** PR517619717610

Amount of Each Receipt this Period  
60.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	65703.83

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

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

FOR LINE NUMBER: PAGE 85 / 138  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 07 / 2006

**Transaction ID:** 12966429

Amount of Each Receipt this Period  
5000.00

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

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2006

**Transaction ID:** 12971389

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2006

**Transaction ID:** 12971491

Amount of Each Receipt this Period  
3075.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **18075.00**

**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 86 / 138
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Hospital Association Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 5510 Research Park Drive		<b>Transaction ID: 12977848</b>
City Madison	State WI	Zip Code 53725-9038
FEC ID number of contributing federal political committee. <b>C</b> C00359455		Amount of Each Receipt this Period 1858.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6858.00	

Full Name (Last, First, Middle Initial) <b>B. Montana Hospital Association PAC - Federal Fund</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2006
Mailing Address P.O. Box 5119		<b>Transaction ID: 12978776</b>
City Helena	State MT	Zip Code 59604-5119
FEC ID number of contributing federal political committee. <b>C</b> C00238782		Amount of Each Receipt this Period 6100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6100.00	

Full Name (Last, First, Middle Initial) <b>C. New York Hospital &amp; Healthcare Assoc. FED PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006
Mailing Address One Empire Drive		<b>Transaction ID: 12984164</b>
City Rensselaer	State NY	Zip Code 12144
FEC ID number of contributing federal political committee. <b>C</b> C00160259		Amount of Each Receipt this Period 10000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>17958.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>36033.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 87 / 138	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Citibank, F.S.B.	
Mailing Address 1400 G Street, NW	
City Washington	State DC
Zip Code 20005	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3070.72

Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Transaction ID: 13224495
Amount of Each Receipt this Period 376.89
Bank Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	376.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	376.89

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Merchant Bankcard</b>		<b>Transaction ID:</b> 13224636 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 218.59
City Dallas State TX Zip Code 75201	Bank Fee	
Purpose of Disbursement Bank Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> 13224642 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address Ste. 001		Amount of Each Disbursement this Period 44.02
City Chicago State IL Zip Code 60679	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Citibank, F.S.B.</b>		<b>Transaction ID:</b> 13224640 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 64.76
City Washington State DC Zip Code 20005	Bank Fee	
Purpose of Disbursement Bank Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	327.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	327.37



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Peterson For Congress</b>		<b>Transaction ID: 12977978</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1000.00
City Detroit Lakes State MN Zip Code 56501	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Collin C. Peterson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 7		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Regula For Congress Committee</b>		<b>Transaction ID: 12977989</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 228 S. Washington St. Ste. 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ralph Regula Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Cantor For Congress</b>		<b>Transaction ID: 12979121</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A. Heather Wilson For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 14070 City Albuquerque State NM Zip Code 87191 Purpose of Disbursement Contribution Candidate Name Rep. Heather A. Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12977883</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>B. Hal Rogers For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1214 East Mt Vernon St City Somerset State KY Zip Code 42502 Purpose of Disbursement Contribution Candidate Name Rep. Harold Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12977986</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>C. Friends Of Frank Wolf</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 710235 P.O. Box 3015 City Oak Hill State VA Zip Code 20171 Purpose of Disbursement Contribution Candidate Name Rep. Frank R. Wolf Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12977885</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Whitfield For Congress Committee</b>		Transaction ID: 13007210 Date of Disbursement 09 / 06 / 2006
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 5000.00 Contribution
City Hopkinsville	State KY Zip Code 42241	
Purpose of Disbursement Contribution Candidate Name Rep. Edward Whitfield Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Walsh For Congress Committee</b>		Transaction ID: 12977973 Date of Disbursement 09 / 06 / 2006
Mailing Address 306 Winkworth Parkway		Amount of Each Disbursement this Period 1000.00 Contribution
City Syracuse	State NY Zip Code 13215	
Purpose of Disbursement Contribution Candidate Name Rep. James T. Walsh Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walden For Congress Inc</b>		Transaction ID: 12977977 Date of Disbursement 09 / 06 / 2006
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 1000.00 Contribution
City Hood River	State OR Zip Code 97031	
Purpose of Disbursement Contribution Candidate Name Rep. Greg Walden Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Lincoln Chafee for U.S. Senate</b>		<b>Transaction ID: 12977882</b> Date of Disbursement 09 / 06 / 2006
Mailing Address Po Box 7329		Amount of Each Disbursement this Period 1000.00
City Warwick	State RI	
Zip Code 02887		
Purpose of Disbursement Contribution Contribution		
Candidate Name Sen. Lincoln Chafee		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: RI	District: 2	

Full Name (Last, First, Middle Initial) <b>B. McNulty For Congress</b>		<b>Transaction ID: 12977991</b> Date of Disbursement 09 / 06 / 2006
Mailing Address P.O. Box 1560		Amount of Each Disbursement this Period 1000.00
City Green Island	State NY	
Zip Code 12183		
Purpose of Disbursement Contribution Contribution		
Candidate Name Rep. Michael R. McNulty		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>C. KOMPAC - Keep Our Majority PAC</b>		<b>Transaction ID: 12977874</b> Date of Disbursement 09 / 06 / 2006
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	
Zip Code 22320		
Purpose of Disbursement 2006 Contribution 2006 Contribution		
Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Contribution
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Boyd For Congress</b>		Transaction ID: 12977887 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 1000.00 Contribution
City Tallahassee	State FL	
Zip Code 32317	Purpose of Disbursement Contribution	
Candidate Name Rep. Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 2		

Full Name (Last, First, Middle Initial) <b>B. Hobson For Congress</b>		Transaction ID: 12979118 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 1000.00 Contribution
City Springfield	State OH	
Zip Code 45503	Purpose of Disbursement Contribution	
Candidate Name Rep. David L. Hobson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 7		

Full Name (Last, First, Middle Initial) <b>C. Latham For Congress</b>		Transaction ID: 12977888 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00 Contribution
City Clarion	State IA	
Zip Code 50525	Purpose of Disbursement Contribution	
Candidate Name Rep. Thomas P. Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Leadership 21</b>		<b>Transaction ID:</b> 12977880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 5501 Cherokee Ave. Ste. 112		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22312	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Hulshof For Congress</b>		<b>Transaction ID:</b> 12977976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 1000.00
City Columbia State MO Zip Code 65205	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Kenny C. Hulshof		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Boucher For Congress Committee</b>		<b>Transaction ID:</b> 12979115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 1000.00
City Abingdon State VA Zip Code 24212	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Rick Boucher		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Boucher For Congress Committee</b>		Transaction ID: 12979117 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 500.00 Contribution
City Abingdon State VA Zip Code 24212	Purpose of Disbursement Contribution	
Candidate Name Rep. Rick Boucher	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boucher For Congress Committee</b>		Transaction ID: 12979120 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 500.00 Contribution
City Abingdon State VA Zip Code 24212	Purpose of Disbursement Contribution	
Candidate Name Rep. Rick Boucher	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pearce For Congress</b>		Transaction ID: 12977884 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address PO Box 2696		Amount of Each Disbursement this Period 2000.00 Contribution
City Hobbs State NM Zip Code 88241	Purpose of Disbursement Contribution	
Candidate Name Rep. Stevan E. Pearce	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Donna Christensen Campaign</b>		<b>Transaction ID: 12977975</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address PO Box 5197		Amount of Each Disbursement this Period 500.00 Contribution
City St. Croix State VI Zip Code 00823	Purpose of Disbursement Contribution Candidate Name Del. Donna M. Christensen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Reichert</b>		

Mailing Address P. O. Box 53322		<b>Transaction ID: 12977980</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
City Bellevue State WA Zip Code 98015		Amount of Each Disbursement this Period 500.00 Contribution
Purpose of Disbursement Contribution Candidate Name Rep. David George Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011		
Full Name (Last, First, Middle Initial) <b>C. Friends Of Dave Reichert</b>		

Mailing Address P. O. Box 53322		<b>Transaction ID: 12977983</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
City Bellevue State WA Zip Code 98015		Amount of Each Disbursement this Period 500.00 Contribution
Purpose of Disbursement Contribution Candidate Name Rep. David George Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011		
Full Name (Last, First, Middle Initial) Friends Of Dave Reichert		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Charlie Melancon Campaign Committee Inc</b>		<b>Transaction ID: 12977886</b> Date of Disbursement
Mailing Address 511 Congress St PO Box 549		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Napoleonville	State LA	Zip Code 70390
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Rep. Charles Melancon	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: LA	District: 3	

Full Name (Last, First, Middle Initial) <b>B. RED PAC</b>		<b>Transaction ID: 12977870</b> Date of Disbursement
Mailing Address 437-B New Jersey Ave., SE		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2006 Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Contribution
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Longhorn PAC</b>		<b>Transaction ID: 12977849</b> Date of Disbursement
Mailing Address 228 S. Washington St. Suite B-20		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2006 Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Contribution
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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) <b>A. Jim Jordan For Congress</b>		<b>Transaction ID:</b> 12979123 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1709 State Route 560 South		Amount of Each Disbursement this Period 1000.00 Contribution
City Urbana State OH Zip Code 43078	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. James Jordan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 4		

Full Name (Last, First, Middle Initial) <b>B. Lucille Roybal-Allard For Congress</b>		<b>Transaction ID:</b> 13127036 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 1000.00 Contribution
City Kensington State MD Zip Code 20895	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Lucille Roybal-Allard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 34		

Full Name (Last, First, Middle Initial) <b>C. Lot Of People For Dave Obey</b>		<b>Transaction ID:</b> 13007651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 525 Washington St PO Box 1322		Amount of Each Disbursement this Period 1000.00 Contribution
City Wausau State WI Zip Code 54402	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. David R. Obey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Solis For Congress</b>		Transaction ID: 13127039 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2000.00 Contribution
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Hilda L. Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Traverse City Golf &amp; Country Club</b>		Transaction ID: 13128177 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 1725 S. Union		Amount of Each Disbursement this Period 746.82 In-kind Catering Dave Camp for Congress
City Traverse City State MI Zip Code 49864	011 Category/ Type	
Purpose of Disbursement In-kind Catering Dave Camp for Congress		
Candidate Name Rep. David Lee Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bass Victory Committee</b>		Transaction ID: 13007659 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 2500.00 Contribution
City Concord State NH Zip Code 03302	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles F. Bass		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5246.82
<b>TOTAL</b> 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) <b>A. Schiff For Congress</b>		Transaction ID: 13127037 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 777 S. Figueroa St. Suite 4050		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90017	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Forbes For Congress</b>		Transaction ID: 13007658 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address PO Box 15100		Amount of Each Disbursement this Period 1000.00
City Chesapeake State VA Zip Code 23328	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. J. Randy Forbes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 4		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Diane E Watson For Congress</b>		Transaction ID: 13127040 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 601 S Glenoaks Bl #211		Amount of Each Disbursement this Period 1000.00
City Burbank State CA Zip Code 91502	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Diane E. Watson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Jeb Bradley For Congress</b>		<b>Transaction ID:</b> 13007660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 2500.00
City Wolfeboro State NH Zip Code 03894	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jeb Bradley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Committe To Re-Elect Ed Towns</b>		<b>Transaction ID:</b> 13007213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 4000.00
City Brooklyn State NY Zip Code 11233	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Walsh For Congress Committee</b>		<b>Transaction ID:</b> 13007220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 306 Winkworth Parkway		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13215	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James T. Walsh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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) <b>A. Serrano For Congress</b>		Transaction ID: 13007216 Date of Disbursement 09 / 08 / 2006
Mailing Address 275 Madison Avenue		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10016	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Rep. Jose E. Serrano	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Simmons For Congress</b>		Transaction ID: 13007214 Date of Disbursement 09 / 08 / 2006
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 5000.00
City Stonington State CT Zip Code 06378	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Rep. Robert R. Simmons	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Maloney For Congress</b>		Transaction ID: 13007225 Date of Disbursement 09 / 08 / 2006
Mailing Address 49 East 92nd Street		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Rep. Carolyn B. Maloney	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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) <b>A. Jd Hayworth For Congress</b>		<b>Transaction ID:</b> 13007303 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jd Hayworth For Congress</b>		<b>Transaction ID:</b> 13007307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 5000.00
City Scottsdale State AZ Zip Code 85260	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Engel For Congress</b>		<b>Transaction ID:</b> 13007219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00
City Bronxville State NY Zip Code 10708	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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) <b>A. Committee To Elect Mchugh</b>		Transaction ID: 13007299 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. John M. McHugh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pascrell For Congress Inc.</b>		Transaction ID: 13127319 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address Pob 640		Amount of Each Disbursement this Period 500.00
City Totowa State NJ Zip Code 07511	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. William J. Pascrell, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pallone For Congress</b>		Transaction ID: 13127126 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00
City Long Branch State NJ Zip Code 07740	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Frank Pallone, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends Of Roy Blunt</b>		<b>Transaction ID: 13128167</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 3000.00 Contribution
City Springfield State MO Zip Code 65805	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Crowley For Congress</b>		<b>Transaction ID: 13127062</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 2000.00 Contribution
City Elmhurst State NY Zip Code 11373	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Andrews For Congress Committee</b>		<b>Transaction ID: 13127124</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 215 Fourth Avenue Suite 200		Amount of Each Disbursement this Period 500.00 Contribution
City Haddon Heights State NJ Zip Code 08035	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robert E. Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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) <b>A. Matheson For Congress</b>		<b>Transaction ID: 13127056</b> Date of Disbursement 09 / 11 / 2006
Mailing Address PO Box 521048 Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84152	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. James D. Matheson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Rahm Emanuel</b>		<b>Transaction ID: 13127060</b> Date of Disbursement 09 / 11 / 2006
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. Rahm Emanuel	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Daniel Webster PAC</b>		<b>Transaction ID: 13127052</b> Date of Disbursement 09 / 11 / 2006
Mailing Address P.O. Box 519		Amount of Each Disbursement this Period 2500.00
City Rye State NH Zip Code 03870	Purpose of Disbursement 2006 Contribution 2006 Contribution Category/Type 011	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	2006 Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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) <b>A. Doyle For Congress Committee</b>		<b>Transaction ID: 13127336</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 205 Hawthorne Court		Amount of Each Disbursement this Period 1000.00
City Pittsburgh State PA Zip Code 15221	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael F. Doyle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Congressman Tim Holden</b>		<b>Transaction ID: 13127332</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 18 N. Second Street PO Box 37 PO Box 37		Amount of Each Disbursement this Period 2000.00
City Saint Clair State PA Zip Code 17970	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Tim Holden Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Committee To Elect Mchugh</b>		<b>Transaction ID: 13232867</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John M. McHugh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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) <b>A. Committee To Elect Mchugh</b>		<b>Transaction ID:</b> 13232869 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John M. McHugh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Forbes For Congress</b>		<b>Transaction ID:</b> 13127326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 15100		Amount of Each Disbursement this Period 1000.00
City Chesapeake State VA Zip Code 23328	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. J. Randy Forbes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 4		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Jim Gerlach For Congress Committee</b>		<b>Transaction ID:</b> 13127329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 87		Amount of Each Disbursement this Period 2500.00
City Uwchland State PA Zip Code 19480	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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) <b>A. Fitzpatrick For Congress</b>		Transaction ID: 13127334 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 3000.00 Contribution
City Doylestown State PA Zip Code 18901	Purpose of Disbursement Contribution	
Candidate Name Rep. Michael G. Fitzpatrick	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Welch For Congress</b>		Transaction ID: 13127339 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 1086		Amount of Each Disbursement this Period 5000.00 Contribution
City Montpelier State VT Zip Code 05601	Purpose of Disbursement Contribution	
Candidate Name Mr. Peter Welch	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ike Skelton For Congress Committee</b>		Transaction ID: 13127427 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O. Box A		Amount of Each Disbursement this Period 2500.00 Contribution
City Harrisonville State MO Zip Code 64701	Purpose of Disbursement Contribution	
Candidate Name Rep. Ike Skelton	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. NoDak PAC</b>		<b>Transaction ID:</b> 13302859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1902 East Divide Avenue		Amount of Each Disbursement this Period 5000.00
City Bismark State ND Zip Code 58501	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Castor For Congress</b>		<b>Transaction ID:</b> 13127435 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 5419		Amount of Each Disbursement this Period 2500.00
City Tampa State FL Zip Code 33675	Contribution	
Purpose of Disbursement Contribution Candidate Name Katherine Castor		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Congressman Waxman Campaign Committee</b>		<b>Transaction ID:</b> 13127448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 3000.00
City Los Angeles State CA Zip Code 90048	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Henry A. Waxman		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> 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) <b>A. Congressman Waxman Campaign Committee</b>		<b>Transaction ID: 13127450</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00 Contribution
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement Contribution Candidate Name Rep. Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Tom Davis For Congress</b>		<b>Transaction ID: 13127452</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 1000.00 Contribution
City Annandale State VA Zip Code 22003		
Purpose of Disbursement Contribution Candidate Name Rep. Thomas M. Davis, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Lampson For Congress</b>		<b>Transaction ID: 13127461</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 5000.00 Contribution
City Houston State TX Zip Code 77258		
Purpose of Disbursement Contribution Candidate Name Rep. Nick Lampson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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) <b>A. Chet Edwards For Congress</b>		<b>Transaction ID: 13128170</b> Date of Disbursement 09 / 18 / 2006
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 750.00
City Waco State TX Zip Code 76702	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mike Ross For Congress Committee</b>		<b>Transaction ID: 13127463</b> Date of Disbursement 09 / 18 / 2006
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Next Century Fund</b>		<b>Transaction ID: 13127441</b> Date of Disbursement 09 / 18 / 2006
Mailing Address 116 South Royal Street		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2750.00</b>
<b>TOTAL</b> 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) <b>A. Chris Chocola For Congress Inc</b>		Transaction ID: 13127443 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46660	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Chris Chocola Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean For Congress</b>		Transaction ID: 13127454 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. Ray Meier For Congress Committee</b>		Transaction ID: 13127458 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 120		Amount of Each Disbursement this Period 3000.00
City Utica State NY Zip Code 13503	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Raymond J Meier Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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) <b>A. Capuano For Congress Committee</b>		Transaction ID: 13127597 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address PO Box 440305		Amount of Each Disbursement this Period 1000.00 Contribution
City Somerville State MA Zip Code 02144	Purpose of Disbursement Contribution	
Candidate Name Rep. Michael E. Capuano	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cantor For Congress</b>		Transaction ID: 13127592 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 3500.00 Contribution
City Richmond State VA Zip Code 23226	Purpose of Disbursement Contribution	
Candidate Name Rep. Eric I. Cantor	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Goode For Congress</b>		Transaction ID: 13127593 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 235 South Main Street		Amount of Each Disbursement this Period 1500.00 Contribution
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement Contribution	
Candidate Name Rep. Virgil H. Goode, Jr.	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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) <b>A. Latham For Congress</b>		<b>Transaction ID: 13127603</b> Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 71		Amount of Each Disbursement this Period 4000.00  Contribution
City Clarion State IA Zip Code 50525	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas P. Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Leadership PAC</b>		<b>Transaction ID: 13127468</b> Date of Disbursement 09 / 19 / 2006
Mailing Address 635 B Pennsylvania Ave.		Amount of Each Disbursement this Period 1000.00  2006 Contribution
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Boswell For Congress</b>		<b>Transaction ID: 13127604</b> Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 2500.00  Contribution
City Des Moines State IA Zip Code 50309	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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. PETEPAC: People for Enterprise Trade & Econ Growth**

Mailing Address 3686 King Street  
#146

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 13127467

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

4000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**B. Senate Majority Fund**

Mailing Address Post Office Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 13127465

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Murphy For Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Tim F. Murphy

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Transaction ID: 13127605

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. King For Congress</b>		Transaction ID: 13127600 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 126 Des Moines Street P.O. Box 576		Amount of Each Disbursement this Period 5000.00
City Odebolt State IA Zip Code 51458	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Steve A. King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Reichert</b>		Transaction ID: 13128178 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period 4500.00
City Bellevue State WA Zip Code 98015	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. David George Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Dennis Cardoza</b>		Transaction ID: 13127591 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 2000.00
City Sacramento State CA Zip Code 95814	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Dennis A. Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Kennedy 06</b>		Transaction ID: 13127594 Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 2000.00
City Blaine State MN Zip Code 55449	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Mark Kennedy		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mary Bono Committee</b>		Transaction ID: 13302866 Date of Disbursement 09 / 20 / 2006
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period -1500.00
City Palm Springs State CA Zip Code 92263	011 Category/ Type	
Purpose of Disbursement Void of 7/06 check		
Candidate Name Rep. Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Solis For Congress</b>		Transaction ID: 13127618 Date of Disbursement 09 / 21 / 2006
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Hilda L. Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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) <b>A. Doggett For Us Congress</b>		Transaction ID: 13127616 Date of Disbursement 09 / 21 / 2006	
Mailing Address PO Box 5843		Amount of Each Disbursement this Period 2000.00	
City Austin State TX Zip Code 78763	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Lloyd Doggett	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Doggett For Us Congress</b>		Transaction ID: 13127872 Date of Disbursement 09 / 21 / 2006	
Mailing Address PO Box 5843		Amount of Each Disbursement this Period 1000.00	
City Austin State TX Zip Code 78763	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Lloyd Doggett	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Giffords For Congress</b>		Transaction ID: 13128181 Date of Disbursement 09 / 21 / 2006	
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 5000.00	
City Tucson State AZ Zip Code 85726	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Gabrielle Giffords	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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) <b>A. Judy Biggert For Congress</b>		Transaction ID: 13302931 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period -3000.00
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement Void of 8/06 check Candidate Name Rep. Judy Biggert Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 8/06 check

Full Name (Last, First, Middle Initial) <b>B. Ryan For Congress</b>		Transaction ID: 13232871 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 3000.00
City Janesville State WI Zip Code 53547	Purpose of Disbursement Contribution Candidate Name Rep. Paul Ryan Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>C. Friends Of Roger Wicker</b>		Transaction ID: 13166611 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 874		Amount of Each Disbursement this Period 1000.00
City Tupelo State MS Zip Code 38802	Purpose of Disbursement Contribution Candidate Name Rep. Roger F. Wicker Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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) <b>A. Charles Taylor For Congress Committee</b>		Transaction ID: 13166602 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 2355		Amount of Each Disbursement this Period 1000.00  Contribution
City Asheville State NC Zip Code 28802	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles H. Taylor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Northup For Congress</b>		Transaction ID: 13166639 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 7313		Amount of Each Disbursement this Period 1000.00  Contribution
City Louisville State KY Zip Code 40257	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Anne M. Northup		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Weldon Victory Committee</b>		Transaction ID: 13166642 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 250.00  Contribution
City Media State PA Zip Code 19063	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Curt Weldon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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) <b>A. Sweeney For Congress Inc</b>		Transaction ID: 13166637 Date of Disbursement 09 / 25 / 2006
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 2000.00
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. John E. Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>B. Friends Of Max Baucus</b>		Transaction ID: 13166581 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 586		Amount of Each Disbursement this Period 1000.00
City Helena State MT Zip Code 59624	Purpose of Disbursement 2008 Contribution Category/Type 011	
Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Contribution

Full Name (Last, First, Middle Initial) <b>C. Judy Biggert For Congress</b>		Transaction ID: 13302932 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 3000.00
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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) <b>A. Friends of Jim Clyburn</b>		Transaction ID: 13166608 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 12567		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. James E. Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Joe Lieberman</b>		Transaction ID: 13166587 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 5000.00 Contribution
City State House Square State CT Zip Code 06123	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Joseph I. Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Blumenauer For Congress</b>		Transaction ID: 13166628 Date of Disbursement 09 / 25 / 2006
Mailing Address 830 Ne Holladay Suite 105		Amount of Each Disbursement this Period 1500.00 Contribution
City Portland State OR Zip Code 97232	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Earl Blumenauer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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) <b>A. Gutknecht For U.S. Congress Committee</b>		Transaction ID: 13166631 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 6428		Amount of Each Disbursement this Period 1000.00 Contribution
City Rochester State MN Zip Code 55903	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Gil Gutknecht		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Levin For Congress</b>		Transaction ID: 13166607 Date of Disbursement 09 / 25 / 2006
Mailing Address 230 North Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Mt. Clemens State MI Zip Code 48043	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Sander M. Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Buck McKeon For Congress</b>		Transaction ID: 13166591 Date of Disbursement 09 / 25 / 2006
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00 Contribution
City Santa Clarita State CA Zip Code 91321	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Howard P. McKeon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Marion Berry For Congress</b>		<b>Transaction ID:</b> 13166623 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1000.00 Contribution
City Jonesboro State AR Zip Code 72403	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joe Wilson For Congress Committee</b>		<b>Transaction ID:</b> 13166616 Date of Disbursement 09 / 25 / 2006
Mailing Address Post Office Box 2145		Amount of Each Disbursement this Period 1000.00 Contribution
City West Columbia State SC Zip Code 29171	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Joe Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Burgess For Congress</b>		<b>Transaction ID:</b> 13166595 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 3000.00 Contribution
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael C. Burgess, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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) <b>A. Gingrey For Congress</b>		Transaction ID: 13166599 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00  Contribution
City Marietta	State GA Zip Code 30060	
Purpose of Disbursement Contribution Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Kline For Congress</b>		Transaction ID: 13166634 Date of Disbursement 09 / 25 / 2006
Mailing Address 101 Burnsville Parkway Suite 104		Amount of Each Disbursement this Period 1000.00  Contribution
City Burnsville	State MN Zip Code 55337	
Purpose of Disbursement Contribution Candidate Name Rep. John Kline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 2		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Cole For Congress</b>		Transaction ID: 13166592 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 722256		Amount of Each Disbursement this Period 1000.00  Contribution
City Norman	State OK Zip Code 73070	
Purpose of Disbursement Contribution Candidate Name Rep. Thomas Cole Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 4		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Ben Cardin For Senate</b>		<b>Transaction ID: 13232854</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 21093		Amount of Each Disbursement this Period 5000.00
City Catonsville State MD Zip Code 21228		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Benjamin Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 2		

Full Name (Last, First, Middle Initial) <b>B. Synergy PAC</b>		<b>Transaction ID: 13166579</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00  2006 Contribution
City McLean State VA Zip Code 22101		
Purpose of Disbursement 2006 Contribution	011 Category/Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jerry Weller For Congress Inc.</b>		<b>Transaction ID: 13162935</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 3000.00  Contribution
City Joliet State IL Zip Code 60434		
Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Rep. Gerald C. Weller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13000.00
<b>TOTAL</b> 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

<b>A. Kirk For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 13162930</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00 Contribution
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<b>B. Citizens For Rush</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 7292 City Chicago State IL Zip Code 60680 Purpose of Disbursement Contribution Candidate Name Rep. Bobby L. Rush Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 13162932</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>C. Pickering For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4297 City Brandon State MS Zip Code 39047 Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Pickering, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 3 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 13162938</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00 Contribution
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Volunteers For Shimkus</b>		<b>Transaction ID:</b> 13162934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period 4000.00
City Springfield State IL Zip Code 62705	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Tiberi For Congress</b>		<b>Transaction ID:</b> 13162942 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 3000.00
City Columbus State OH Zip Code 43229	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Ray Lahood</b>		<b>Transaction ID:</b> 13162931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 4238 N Knoxville Ave		Amount of Each Disbursement this Period 5000.00
City Peoria State IL Zip Code 61614	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ray LaHood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 18		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Hobson For Congress</b>		Transaction ID: 13162941 Date of Disbursement 09 / 26 / 2006	
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 500.00	
City Springfield State OH Zip Code 45503	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. David L. Hobson	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Costello For Congress Committee</b>		Transaction ID: 13162927 Date of Disbursement 09 / 26 / 2006	
Mailing Address P. O. Box 8250		Amount of Each Disbursement this Period 2000.00	
City Belleville State IL Zip Code 62222	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Jerry F. Costello	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Craig For U S Senate</b>		Transaction ID: 13162937 Date of Disbursement 09 / 26 / 2006	
Mailing Address P.O. Box 2754 802 W Bannock Suite Lp101		Amount of Each Disbursement this Period 500.00	
City Boise State ID Zip Code 83701	Purpose of Disbursement 2008 Contribution	011 Category/ Type	
Candidate Name Sen. Larry E. Craig	2008 Contribution		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Hoosiers Supporting Buyer For Congress</b>		<b>Transaction ID: 13162917</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 2000.00
City Monticello State IN Zip Code 47960	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 4		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Jesse Jackson Jr For Congress Committee</b>		<b>Transaction ID: 13162929</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address Post Office Box 490286		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60649	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 2		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Rahm Emanuel</b>		<b>Transaction ID: 13162928</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60610	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Rahm Emanuel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 5		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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) <b>A. Charlie Dent For Congress</b>		<b>Transaction ID: 13162936</b> Date of Disbursement 09 / 26 / 2006
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00  Contribution
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles W. Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Barrow</b>		<b>Transaction ID: 13162918</b> Date of Disbursement 09 / 26 / 2006
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 2000.00  Contribution
City Savannah State GA Zip Code 31412	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Charlie Wilson</b>		<b>Transaction ID: 13162939</b> Date of Disbursement 09 / 26 / 2006
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 3000.00  Contribution
City Bridgeport State OH Zip Code 43912	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Charles Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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) <b>A. Joy Padgett For Congress</b>		<b>Transaction ID: 13162944</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 871 Walnut Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Coshocton State OH Zip Code 43812	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joy Padgett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joy Padgett For Congress</b>		<b>Transaction ID: 13162945</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 871 Walnut Street		Amount of Each Disbursement this Period 2000.00 Contribution
City Coshocton State OH Zip Code 43812	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joy Padgett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee To Reelect Congressman Chris Smith</b>		<b>Transaction ID: 13162948</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 3184		Amount of Each Disbursement this Period 2000.00 Contribution
City Hamilton State NJ Zip Code 08619	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Christopher H. Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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) <b>A. Anna Eshoo For Congress</b>		Transaction ID: 13162951 Date of Disbursement 09 / 27 / 2006
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 5000.00  Contribution
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement Contribution Candidate Name Rep. Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Hastert For Congress Committee</b>		Transaction ID: 13232857 Date of Disbursement 09 / 27 / 2006
Mailing Address P. O. Box 625 PO Box 625		Amount of Each Disbursement this Period 5000.00  Contribution
City Batavia State IL Zip Code 60510		
Purpose of Disbursement Contribution Candidate Name Rep. J. Dennis Hastert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Western Action PAC</b>		Transaction ID: 13162946 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 982		Amount of Each Disbursement this Period 1000.00  2006 Contribution
City Casper State WY Zip Code 82602		
Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> 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) <b>A. Rehberg For Congress</b>		Transaction ID: 13161819 Date of Disbursement 09 / 28 / 2006
Mailing Address P.O. Box 1597		Amount of Each Disbursement this Period 1000.00 Contribution
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Dennis R. Rehberg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Norm Dicks For Congress</b>		Transaction ID: 13162367 Date of Disbursement 09 / 28 / 2006
Mailing Address PO Box 1663		Amount of Each Disbursement this Period 2000.00 Contribution
City Tacoma State WA Zip Code 98401	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Norman D. Dicks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Clyburn</b>		Transaction ID: 13161823 Date of Disbursement 09 / 28 / 2006
Mailing Address P.O. Box 12567		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. James E. Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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) <b>A. Friends Of Jack Kingston</b>		Transaction ID: 13162368 Date of Disbursement 09 / 28 / 2006
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31402	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Jack Kingston	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jack Kingston</b>		Transaction ID: 13162369 Date of Disbursement 09 / 28 / 2006
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31402	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Jack Kingston	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cathy McMorris For Congress</b>		Transaction ID: 13161824 Date of Disbursement 09 / 28 / 2006
Mailing Address Box 137		Amount of Each Disbursement this Period 2000.00
City Spokane State WA Zip Code 99210	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Cathy McMorris	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

A. Full Name (Last, First, Middle Initial)  
Friends Of Ginny Brown-Waite

Mailing Address 704 Ponce De Leon Blvd

City State Zip Code  
Brooksville FL 34601

Purpose of Disbursement  
Void of 6/06 check

Candidate Name  
Rep. Virginia Brown-Waite

Office Sought:  House  
 Senate  
 President

State: FL District: 5

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13324007

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 6/06 check

SUBTOTAL of Disbursements This Page (optional) .....

-1000.00

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

273246.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Martin G. Oscadal</b>		Transaction ID: 13324048 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 1815 Farm Hospital Way		Amount of Each Disbursement this Period 300.00	
City Florence State KY Zip Code 41042	Purpose of Disbursement Refund	Category/ Type 010	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Refund	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>300.00</b>