

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2005 through 03 31 2005

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 06 29 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		530585.12
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	415492.89									
(c) Total Receipts (from Line 19)	83070.09	107566.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	498562.98	638151.14								
7. Total Disbursements (from Line 31)	147383.14	286971.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	351179.84	351179.84								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 0 5

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	42592.48	52683.86
(ii) Unitemized	11252.02	15289.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53844.50	67973.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54344.50	68473.55
12. Transfers From Affiliated/Other Party Committees	28000.00	38000.00
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)	538.13	538.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	187.46	554.34
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))	83070.09	107566.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	83070.09	107566.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1133.14	1294.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1133.14	1294.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	146250.00	285550.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	40.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	40.00
29. Other Disbursements.....	0.00	87.00
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))..	147383.14	286971.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	147383.14	286971.30

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	54344.50	68473.55
34. Total Contribution Refunds (from Line 28(d))	0.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54344.50	68433.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1133.14	1294.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	538.13	538.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	595.01	756.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 74	
	(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"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
MacWilliams, Robinson & Partners Inc.

Mailing Address 1660 L Street, NW

City	State	Zip Code
Washington	DC	20036

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	5

Transaction ID: 10760101

Amount of Each Receipt this Period
538.13

Refund

SUBTOTAL of Receipts This Page (optional)	▶	538.13
TOTAL This Period (last page this line number only)	▶	538.13

**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 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Delia O'Connor		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005	
Mailing Address 800 Washington Street		Transaction ID: 10760964	
City State Zip Code Norwood MA 02062-3487	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Caritas Norwood Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Mr. John C. J. Cronin		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005	
Mailing Address PO Box 35		Transaction ID: 10760965	
City State Zip Code Williamstown MA 01267-0035	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Adams Regional Hospital	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. David J Trull		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005	
Mailing Address 106 Cliff Road		Transaction ID: 10760966	
City State Zip Code Wellesley MA 02481-3023	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Faulkner Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	710.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Robert P Ritz		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005
Mailing Address 56 Franklin Street		Transaction ID: 10761671
City State Zip Code Waterbury CT 06706-1238	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Saint 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 ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ms. Elizabeth T. Beaudin, RN, MS, CN		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005
Mailing Address 69 Day Street		Transaction ID: 10761673
City State Zip Code Granby CT 06035-2901	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Connecticut Hospital Association	Occupation Director, Nursing & Work Force Initiat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: 10761788
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 74
	<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. David L. Woodrum		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005	
Mailing Address 175 North Harbor Drive		Transaction ID: 10761789	
City State Zip Code Chicago IL 60601-7344	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Woodrum, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mr. Thomas M Driskill, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005	
Mailing Address 3675 Kilauea Avenue		Transaction ID: 10761792	
City State Zip Code Honolulu HI 96816-2398	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Richard E. Meiers		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2005	
Mailing Address 908 Hokulani Street		Transaction ID: 10761793	
City State Zip Code Honolulu HI 96825-1021	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Healthcare Association of Hawaii	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert C. Kidd, II, FACHE/		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2005	
Mailing Address 3403 Yucca Road		Transaction ID: 10762264	
City State Zip Code Cheyenne WY 82001-6142	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wyoming Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark R Stoddard		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2005	
Mailing Address 549 North 400 East		Transaction ID: 10762471	
City State Zip Code Nephi UT 84648-1226	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central Valley Medical Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Douglas F Dean, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2005	
Mailing Address One Elliot Way		Transaction ID: 10762550	
City State Zip Code Manchester NH 03103-3599	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Elliot Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Thomasine Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2005	
Mailing Address 2714 N.D. 41 & 50		Transaction ID: 10764497	
City State Zip Code Chinquapin NC 28521	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duplin General Hospital	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Joel D. Ohlsen, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2005	
Mailing Address Post Office Box 399		Transaction ID: 10764498	
City State Zip Code Rye CO 81069-0399	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary-Corwin Medical Center	Occupation Director, Cancer Center		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Douglas J. Wall		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2005	
Mailing Address 6861 E. Lynx Wagon Road		Transaction ID: 10764499	
City State Zip Code Prescott Valley AZ 86314-1932	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University Medical Center	Occupation Vice Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. E. A. Clark, M.D.		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 707 Hellybrook Drive		Transaction ID: 10764500
City State Zip Code Longview TX 75605-2410	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Longview Regional Medical Center	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert J. Parsons, Ph.D.		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 760-A Tanner Building Post Office Box 23161		Transaction ID: 10764501
City State Zip Code Provo UT 84602	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Intermountain Health Care, Inc.	Occupation 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) C. Mr. Henry M. Altman, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 508 Tiffany Lane		Transaction ID: 10764502
City State Zip Code Louisville KY 40207-1426	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jewish Hospital & St. Mary's HealthCar	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John Smallmon		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 895 South West 7th Street Post Office Box 273		Transaction ID: 10764503
City Hermiston State OR Zip Code 97838	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Good Shepherd Healthcare System Occupation Trustee	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Carolyn Zarbock		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 711 Country Club Drive		Transaction ID: 10764553
City Oak Island State NC Zip Code 28465-8326	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Hanover Regional Medical Center Occupation COV-Volunteer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. June McDonald		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 44362 Bugle Ct.		Transaction ID: 10764565
City Plymouth State MI Zip Code 48170	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Joseph Mercy Health System Occupation Clinical Care	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mrs. Kay B Allen, , R.N.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2005	
Mailing Address One St. Mary Place		Transaction ID: 10788786	
City State Zip Code Shreveport LA 71101-4343	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dubuis Hospital of Shreveport	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. Mr. William F Barrow, , II		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2005	
Mailing Address 539 East Prudhomme Street		Transaction ID: 10788787	
City State Zip Code Opelousas LA 70570-6499	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Opelousas General 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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Milton D Bourgeois, , Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2005	
Mailing Address 4608 Highway 1		Transaction ID: 10788788	
City State Zip Code Raceland LA 70394-2623	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Anne General Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 74
	(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

A. Full Name (Last, First, Middle Initial)
Mr. James M. Dixon

Mailing Address 2450 Severn Avenue, Suite 210

City State Zip Code
Metairie LA 70001-6942

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

Name of Employer Occupation
ShareCor President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2005

Transaction ID: 10788789

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark E Marley, , CHE

Mailing Address P O Box 2009

City State Zip Code
Natchitoches LA 71457-2009

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

Name of Employer Occupation
Natchitoches Regional Medical Center 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
03 / 10 / 2005

Transaction ID: 10788791

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Cindy J Rogers, , FACHE

Mailing Address P.O. Box 1901

City State Zip Code
Monroe LA 71210-1901

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

Name of Employer Occupation
St. Patrick's Psychiatric Hospital 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
03 / 10 / 2005

Transaction ID: 10788792

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 74
	<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. Kirk G Wilson

Mailing Address 5000 Hennessy Boulevard

City State Zip Code
Baton Rouge LA 70808-4350

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

Name of Employer: Our Lady of the Lake Regional Medical
Occupation: President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2005

Transaction ID: 10788793

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Maxine Cormier

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

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

Name of Employer: Louisiana Hospital Association
Occupation: Executive Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2005

Transaction ID: 10788794

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia A. Castle

Mailing Address 815 Gatehouse Lane

City State Zip Code
Columbus OH 43235-1733

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

Name of Employer
Occupation: Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2005

Transaction ID: 10789218

Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. James R. Castle		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 815 Gatehouse Lane		Transaction ID: 10789219
City State Zip Code Columbus OH 43235-1733	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Hospital Association	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	

Full Name (Last, First, Middle Initial) B. Mr. Michael K. Gire		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 389 South Drexel		Transaction ID: 10789220
City State Zip Code Columbus OH 43209-2140	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bricker & Eckler	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Bridget A. Gargan		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 54 West Weisheimer Road		Transaction ID: 10789221
City State Zip Code Columbus OH 43214-2545	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Hospital Association	Occupation Director, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 74
	<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. Mary M. Covington

Mailing Address 123 Briarwood Drive

City State Zip Code
Carrollton GA 30117-4104

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

Name of Employer Tanner Medical Center Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2005

Transaction ID: 10790163

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. William A. Bell

Mailing Address 944 Gentian Court

City State Zip Code
Tallahassee FL 32312-1228

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

Name of Employer Florida Hospital Association Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2005

Transaction ID: 10790235

Amount of Each Receipt this Period
800.00

C. Full Name (Last, First, Middle Initial)
Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City State Zip Code
Tallahassee FL 32312-7501

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

Name of Employer Florida Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2005

Transaction ID: 10790236

Amount of Each Receipt this Period
960.00

SUBTOTAL of Receipts This Page (optional) ► **2010.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Kathleen M. Whyte		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 444 North Capitol St, NW Suite 532		Transaction ID: 10790237
City State Zip Code Washington DC 20001-1512	Amount of Each Receipt this Period 960.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Hospital Association	Occupation Sr. Vice President, Federal Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) B. Ms. Kim Streit		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 1317 Eastin Avenue		Transaction ID: 10790238
City State Zip Code Orlando FL 32804-6309	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Hospital Association - Orlando	Occupation VP, Health Research & Information	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Ms. Karen Late, MHS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 444 North Capitol Street, NW Suite 532		Transaction ID: 10790239
City State Zip Code Washington DC 20001-1512	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Hospital Association	Occupation Director, Federal Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	2160.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Rich Rasmussen		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 405 El Destinado Drive		Transaction ID: 10790240
City State Zip Code Tallahassee FL 32301-1522	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Hospital Association	Occupation VP for Strategic Communications	
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. Mr. Paul Belcher		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address Rt. 15, Box 241		Transaction ID: 10790242
City State Zip Code Tallahassee FL 32311	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida 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 ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Ms. Martha DeCastro		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 1036 Alameda Drive		Transaction ID: 10790243
City State Zip Code Tallahassee FL 32317-9577	Amount of Each Receipt this Period 480.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Hospital Association	Occupation VP, Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	2080.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Kathryn A. Reep		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005	
Mailing Address 19 W. New Hampshire		Transaction ID: 10790244	
City State Zip Code Orlando FL 32804-5911		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Hospital Association - Orlando		Occupation Vice President, Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Wayne NeSmith		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005	
Mailing Address 1105 Carriage Road		Transaction ID: 10790246	
City State Zip Code Tallahassee FL 32312-2501		Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Hospital Association		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard A. Hachten, II		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 2676 South 96th Circle		Transaction ID: 10793607	
City State Zip Code Omaha NE 68124-1949		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Alegent Health		Occupation President, Alegent Health System	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
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 22 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. William L. Welch, CHE Mailing Address 728 McDowell City State Zip Code Fairbury NE 68352-2853 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 10793608 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	5	250.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	6		2	0	0	5															
250.00																								
Name of Employer Jefferson Community Health Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table>		250.00																						
250.00																								

B. Full Name (Last, First, Middle Initial) Dr. Thomas C. Dolan, Ph.D., FAC Mailing Address 339 Cottage Hill City State Zip Code Elmhurst IL 60126-3332 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 10793643 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	5	500.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	6		2	0	0	5															
500.00																								
Name of Employer American College of Health-care Executi 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 ▼ <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table>		500.00																						
500.00																								

C. Full Name (Last, First, Middle Initial) Mr. Timothy O'Connor Mailing Address 41 Mall Road City State Zip Code Burlington MA 01805-0001 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 10793662 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	5	250.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	6		2	0	0	5															
250.00																								
Name of Employer Lahey Clinic Hospital Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table>		250.00																						
250.00																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00
1000.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td></td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Martha A. Dawson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 530 South Jackson Street		Transaction ID: 10793664	
City State Zip Code Louisville KY 40202-1675	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Louisville Hospital	Occupation Vice President of Clinical Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Ted McKinney		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 1607 Ravine Drive		Transaction ID: 10793665	
City State Zip Code Ruston LA 71270-5457	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lincoln General Hospital	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Thomas F. Dickinson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 3916 River Cove Dr.		Transaction ID: 10795150	
City State Zip Code Lansing MI 48917-9564	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MHA Insurance Company	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Gerald D. Fitzgerald		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2005	
Mailing Address 18 Millrace Court		Transaction ID: 10795152	
City State Zip Code Dearborn MI 48126-2614		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Oakwood Healthcare, Inc. Healthcare System Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Jim George		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2005	
Mailing Address 19634 West Chester		Transaction ID: 10795153	
City State Zip Code Clinton Township MI 48038-6415		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Delta Management Trustee, Mount Clemens General Hospital			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Clark Ballard		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2005	
Mailing Address 1601 Willoughby Road		Transaction ID: 10795155	
City State Zip Code Mason MI 48854-9435		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Michigan Health & Hospital Association Association Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Rob Covert		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 749 N. Kalamazoo Avenue		Transaction ID: 10795158	
City State Zip Code Marshall MI 49068-1072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oaklawn 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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Marilyn Litka-Klein		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 16930 Pine Hollow Drive		Transaction ID: 10795159	
City State Zip Code East Lansing MI 48823-9664	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Health & Hospital Association	Occupation Health Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Rolland Mambourg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 1690 Waterside Court		Transaction ID: 10795161	
City State Zip Code Ann Arbor MI 48108-8578	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Joseph Mercy Health System	Occupation Vice President, Physician Services, CM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Brian Peters		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 3051 Crofton Dr.		Transaction ID: 10795164	
City State Zip Code Dewitt MI 48820-7770	Amount of Each Receipt this Period 550.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Health & Hospital Association	Occupation Senior Vice President, Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Ms. Andrea R. Price, , FACHE		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 1105 South Drive		Transaction ID: 10795165	
City State Zip Code Flint MI 48503-4754	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sparrow Health System	Occupation Hospital Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Gary Henriksen		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 350 Crosswind Drive		Transaction ID: 10795166	
City State Zip Code Dimondale MI 48821-9795	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Health & Hospital Association	Occupation Chief Finance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David S. Hickman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 9823 Dillingham Court		Transaction ID: 10795167	
City State Zip Code Tecumseh MI 49286-9606	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lenawee Health Alliance - Herrick Camp	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Marlene Hulteen		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 2450 Sturbridge SE		Transaction ID: 10795169	
City State Zip Code Ada MI 49301-8363	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Health & Hospital Association	Occupation Corporate Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Mr. Spencer Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 2066 Riverwood Drive		Transaction ID: 10795172	
City State Zip Code Okemos MI 48864-2814	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Michigan Health & Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mrs. Betty Kline		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 55881 Wilbur Road		Transaction ID: 10795173	
City State Zip Code Three Rivers MI 49093-8817	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Volunteer		
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. Mrs. Elizabeth S. Schnettler		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 9120 Port Austin Road		Transaction ID: 10795177	
City State Zip Code Bay Port MI 48720-9770	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital Council of East Central Michi	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Gail L. Warden		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 250 Washington Road		Transaction ID: 10795180	
City State Zip Code Grosse Pointe MI 48230-1614	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Ford Health System	Occupation President Emeritus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. J. Joseph Diederich		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 365 Windy Crest Drive		Transaction ID: 10795189
City State Zip Code Ann Arbor MI 48105-3014	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oakwood Healthcare, Inc.	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. Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 12675 Riviera Heights Road		Transaction ID: 10795273
City State Zip Code Holts Summit MO 65043-2039	Amount of Each Receipt this Period 111.12	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.24	

Full Name (Last, First, Middle Initial) C. Mr. Marc D. Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 5612 Tanner Bridge Road		Transaction ID: 10795286
City State Zip Code Jefferson City MO 65101-8275	Amount of Each Receipt this Period 111.12	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.24	

SUBTOTAL of Receipts This Page (optional) ▶	472.24
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 74
	<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. Michelle Anne Williams

Mailing Address 4130 Brookview Drive

City Atlanta State GA Zip Code 30339-4649

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

Name of Employer Alston & Bird LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 10799283

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Ginger E. Anspaugh, FHFMA

Mailing Address 4002 Sunhill Court

City Woodstock State GA Zip Code 30189-2561

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

Name of Employer Georgia Hospital Association Occupation Senior Vice President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 10799285

Amount of Each Receipt this Period
500.00

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

Mailing Address 900 Powers Ferry Road Suite 104

City Marietta State GA Zip Code 30067-5774

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

Name of Employer Georgia Hospital Association Occupation Director of Fiscal Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 10799289

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 74
	<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. Cal Calhoun		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 85 Rumson Court		Transaction ID: 10799291
City State Zip Code Smyrna GA 30080-8009	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Hospital Association	Occupation Vice President, Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Dorothy Vi B. Naylor		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 190 Hunting Creek Drive		Transaction ID: 10799303
City State Zip Code Marietta GA 30068-3416	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia 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) C. Mr. Joseph A. Parker		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 3497 Mill Bridge Drive		Transaction ID: 10799304
City State Zip Code Marietta GA 30062-5598	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Hospital Association	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Temple Sellers		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 1782 Briar Lake Circle		Transaction ID: 10799312
City State Zip Code Decatur GA 30033-1110	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Hospital Association	Occupation Regulatory Legislative 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. Holly Bates Snow		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 4402 Candler Lake East		Transaction ID: 10799313
City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Healthcare	Occupation Vice President, Gov't & External Affai	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Karen Waters		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 1569 Asheforde Drive		Transaction ID: 10799319
City State Zip Code Marietta GA 30068-1850	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Hospital Association	Occupation Vice President, Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Judith R. Miller, RN, FAAN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2005	
Mailing Address 24-D Alton Place		Transaction ID: 10871873	
City State Zip Code Brookline MA 02446-6400	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MG&A, LLC	Occupation Principal		
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. Rita M. Turley, MS, RN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2005	
Mailing Address 351 Morningside Lane North		Transaction ID: 10871876	
City State Zip Code Billings MT 59105-2873	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sisters of Charity of Leavenworth Heal	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Linda Knodel, MHA, FACHE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2005	
Mailing Address 1916 North Grandview Lane		Transaction ID: 10871878	
City State Zip Code Bismarck ND 58503-0843	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Alexius Medical Center	Occupation Assistant Admin./Director of Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin, MSN, RN, C		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2005	
Mailing Address 1211 Union Avenue Suite 700		Transaction ID: 10871880	
City State Zip Code Memphis TN 38104-6638	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Methodist Healthcare	Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2005	
Mailing Address 2520 Bretigne Circle		Transaction ID: 10898846	
City State Zip Code Lincoln NE 68512-2055	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nebraska Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Ms. Patricia Andersen		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 4001 Innsbrook Court		Transaction ID: 10966225	
City State Zip Code Norman OK 73072-4233	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Patricia Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 4414 Manchester Court		Transaction ID: 10966228	
City State Zip Code Norman OK 73072-3915		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
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. Mr. Paul Dougherty		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 5501 North Portland Avenue		Transaction ID: 10966229	
City State Zip Code Oklahoma City OK 73112-2099		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Deaconess Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Shane Dunning		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address Post Office Box 97		Transaction ID: 10966230	
City State Zip Code Carnegie OK 73015-0097		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Carnegie Tri-County Municipal Hospital		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Sheryl R. McLain, MS		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 2301 Steeplechase Road		Transaction ID: 10966235	
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. Ms. Lynne Stewart White		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 4000 Lincoln Boulevard		Transaction ID: 10966237	
City State Zip Code Oklahoma City OK 73105-5207		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oklahoma Hospital Association Occupation Chief Lobbyist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Mary Winters		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005	
Mailing Address 3808 Skyward Circle		Transaction ID: 10966239	
City State Zip Code Yukon OK 73099-3220		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oklahoma Hospital Association Occupation Vice President Support Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Sam W. Cameron		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 28 Waterford Place		Transaction ID: 10967186
City State Zip Code Jackson MS 39211-2945	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mississippi Hospital Association	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. Mr. William W. Kennedy		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 1549 North Valley Road		Transaction ID: 10971127
City State Zip Code Malvern PA 19355-9796	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Mr. Mark D. Pilla		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address One Log Road		Transaction ID: 10971147
City State Zip Code Tabernacle NJ 08088-9730	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Barnabas Health Care System	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Donna R. Pizzulli

Mailing Address 84 Steambank Drive

City State Zip Code
Freehold NJ 7728

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

Name of Employer
New Jersey Hospital Association

Occupation
Vice President, Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2005

Transaction ID: 10971149

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

Name of Employer
New Jersey Hospital Association

Occupation
Sr. VP., Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.84

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2005

Transaction ID: 10971164

Amount of Each Receipt this Period
65.84

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer
American Hospital Association-Washingt

Occupation
VP & Chief Washington Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.82

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

Transaction ID: PR1045726214723

Amount of Each Receipt this Period
76.94

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	167.78
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727314723	
Mailing Address 107 East Lane		Amount of Each Receipt this Period 76.94	
City State Zip Code Lake Barrington IL 60010-1939	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Vice President, PMGs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82		
P/R Deduction (\$40.00 Bi-Weekly)			

Full Name (Last, First, Middle Initial) B. Mr. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858014723	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 76.94	
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 Executive Director, AHAPAC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82		
P/R Deduction (\$40.00 Bi-Weekly)			

Full Name (Last, First, Middle Initial) C. Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224914723	
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 76.94	
City State Zip Code Silver Spring MD 20906	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82		
P/R Deduction (\$40.00 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional) ▶	230.82
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 74		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260914723	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 153.88	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Executive Vice President	Aggregate Year-to-Date ▼ 461.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$80.00 Bi-Weekly)		

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: PR328310414723	
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 76.94	
City Arnold State MD Zip Code 21012-2126	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications	Aggregate Year-to-Date ▼ 230.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

C. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312714723	
Mailing Address 1001 N. Potomac St.		Amount of Each Receipt this Period 76.94	
City Arlington State VA Zip Code 22205-1629	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President	Aggregate Year-to-Date ▼ 230.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional) ▶	307.76
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328341814723
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 76.94	
FEC ID number of contributing federal political committee. C _____		
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.82	

Full Name (Last, First, Middle Initial) B. Dr. Donald Nielsen, MD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 195 Oxford Court		Transaction ID: PR330524814723
City State Zip Code Alamo CA 94507-1753	Amount of Each Receipt this Period _____ 76.94	
FEC ID number of contributing federal political committee. C _____		
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.82	

SUBTOTAL of Receipts This Page (optional)	153.88
TOTAL This Period (last page this line number only)	42592.48

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

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

FOR LINE NUMBER: PAGE 42 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One Empire Drive

City 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 ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2005

Transaction ID: 10762561

Amount of Each Receipt this Period
10000.00

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2005

Transaction ID: 10793567

Amount of Each Receipt this Period
10000.00

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

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2005

Transaction ID: 10793658

Amount of Each Receipt this Period
8000.00

SUBTOTAL of Receipts This Page (optional) ► **28000.00**

TOTAL This Period (last page this line number only) ► **28000.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 74	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Bricker & Eckler PAC

Mailing Address 100 South Third Street

City State Zip Code
Columbus OH

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 5

Transaction ID: 10794902

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 44 / 74	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
554.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	5

Transaction ID: 10919555

Amount of Each Receipt this Period
187.46

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	187.46
TOTAL This Period (last page this line number only)	▶	187.46

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 74

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Merchant Bankcard		Transaction ID: 10919456 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 128.52
City Dallas State TX Zip Code 75201	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Citibank, F.S.B.		Transaction ID: 10970987 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 933.20
City Washington State DC Zip Code 20005	Federal Tax Payment	
Purpose of Disbursement Federal Tax Payment Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Citibank, F.S.B.		Transaction ID: 10919501 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 53.18
City Washington State DC Zip Code 20005	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1114.90
TOTAL This Period (last page this line number only) ▶	1114.90

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 74

<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. Costello For Congress Committee		Transaction ID: 10921353 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2005	
Mailing Address P. O. Box 8250		Amount of Each Disbursement this Period 1000.00	
City Belleville State IL Zip Code 62222	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. Jerry F. Costello	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People With Hart Inc		Transaction ID: 10921352 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2005	
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00	
City Wexford State PA Zip Code 15090	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. Melissa A. Hart	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lincoln Davis For Congress		Transaction ID: 10921351 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2005	
Mailing Address PO Box 350		Amount of Each Disbursement this Period 1000.00	
City Jamestown State TN Zip Code 38556	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. Lincoln Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 74

<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. Norwood For Congress		Transaction ID: 10833320 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address PO Box 499		Amount of Each Disbursement this Period 1000.00 Contribution
City Evans State GA Zip Code 30809	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles W. Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Serrano For Congress		Transaction ID: 10833040 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address 275 Madison Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City New York State NY Zip Code 10016	011 Category/ Type	
Purpose of Disbursement Contribution		
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sweeney For Congress Inc		Transaction ID: 10832974 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 2000.00 Contribution
City Clifton Park State NY Zip Code 12065	011 Category/ Type	
Purpose of Disbursement Contribution		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 74

<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. Thelma Drake For Congress		Transaction ID: 10832968 Date of Disbursement MM / DD / YYYY 03 / 03 / 2005
Mailing Address P.O. Box 61480		Amount of Each Disbursement this Period 1000.00 Contribution
City Virginia Beach State VA Zip Code 23466	Purpose of Disbursement Contribution Candidate Name Rep. Thelma D. Drake Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cantor For Congress		Transaction ID: 10833964 Date of Disbursement MM / DD / YYYY 03 / 07 / 2005
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00 Contribution
City Richmond State VA Zip Code 23226	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Taylor For Congress Committee		Transaction ID: 10970396 Date of Disbursement MM / DD / YYYY 03 / 07 / 2005
Mailing Address PO Box 2355		Amount of Each Disbursement this Period 1000.00 Contribution
City Asheville State NC Zip Code 28802	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Volunteer PAC		Transaction ID: 10833945 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 2000 Glen Echo Suite 107		Amount of Each Disbursement this Period 5000.00
City Nashville State TN Zip Code 37215	2005 Contribution	
Purpose of Disbursement 2005 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. McConnell Senate Committee '08		Transaction ID: 10833949 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 2500.00
City Louisville State KY Zip Code 40201	2008 Contribution	
Purpose of Disbursement 2008 Contribution Candidate Name Sen. Mitch McConnell		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. King For Congress		Transaction ID: 10833955 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 126 Des Moines Street P.O. Box 576		Amount of Each Disbursement this Period 2500.00
City Odebolt State IA Zip Code 51458	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Steve A. King		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 5		Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Debt Re

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Schwarz For Congress		Transaction ID: 10833958 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City State Zip Code Battle Creek MI 49016	Purpose of Disbursement Contribution	
Candidate Name Rep. Joe Schwarz, M.D.		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI 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. Simpson For Congress		Transaction ID: 10833921 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00
City State Zip Code Blackfoot ID 83221	Purpose of Disbursement Contribution	
Candidate Name Rep. Michael K. Simpson		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stephanie Tubbs Jones For Us Congress		Transaction ID: 10833938 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00
City State Zip Code University Heights OH 44118	Purpose of Disbursement Contribution	
Candidate Name Rep. Stephanie Tubbs Jones		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 74

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends of Jim Clyburn		Transaction ID: 10833923 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. James E. Clyburn		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. A Lot Of People Who Support Jeff Bingaman		Transaction ID: 10833887 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address PO Box 16210		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Sen. Jeff Bingaman		Contribution
Office Sought: <input type="checkbox"/> House <input checked="" 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) ▼	

Full Name (Last, First, Middle Initial) C. Barrett For Congress		Transaction ID: 10833940 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 869 PO Box 869		Amount of Each Disbursement this Period 1000.00
City Westminster State SC Zip Code 29693	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. J. Gresham Barrett		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 74

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Bobby Jindal Inc		Transaction ID: 10833919 Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Metairie State LA Zip Code 70011	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Bobby Jindal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) B. Republican Majority Fund		Transaction ID: 10833877 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address P.O. Box 1550		Amount of Each Disbursement this Period 1500.00
City Ponca City State OK Zip Code 74602	2005 Contribution	
Purpose of Disbursement 2005 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) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) C. Walsh For Congress Committee		Transaction ID: 11547029 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2005
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 74

<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. Volunteers For Shimkus		Transaction ID: 10833885 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period 1000.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19		011 Category/Type

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Transaction ID: 10833886 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 3000.00
City Fremont State CA Zip Code 94537	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Fortney Peter Stark 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) ▼ State: CA District: 13		011 Category/Type

Full Name (Last, First, Middle Initial) C. Friends Of Dick Lugar Inc		Transaction ID: 10833878 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2005
Mailing Address 47 S Meridian St Suite 200		Amount of Each Disbursement this Period 1000.00
City Indianapolis State IN Zip Code 46204	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Richard G. Lugar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 1		011 Category/Type

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 74

<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. Western Action PAC		Transaction ID: 10833784 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address P.O. Box 982		Amount of Each Disbursement this Period 2500.00
City Casper State WY Zip Code 82602	Purpose of Disbursement 2005 Contribution Candidate Name Category/Type 011	
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) ▼	2005 Contribution

Full Name (Last, First, Middle Initial) B. Friends Of Bobby Jindal Inc		Transaction ID: 10833879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Metairie State LA Zip Code 70011	Purpose of Disbursement Contribution Candidate Name Mr. Bobby Jindal Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) C. Kirk For Congress		Transaction ID: 10838152 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka State IL Zip Code 60093	Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 74

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Transaction ID: 10836839 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2005 Contribution Candidate Name		2005 Contribution
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. Heather Wilson For Congress		Transaction ID: 10838159 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Rep. Heather A. Wilson		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Spratt For Congress Committee		Transaction ID: 10838149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Rep. John M. Spratt, Jr.		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	17000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Hillary		Transaction ID: 10838241 Date of Disbursement MM / DD / YYYY 03 / 11 / 2005
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Hillary Rodham Clinton		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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. Pallone For Congress		Transaction ID: 10838196 Date of Disbursement MM / DD / YYYY 03 / 11 / 2005
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00 Contribution
City Long Branch State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement Contribution		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Lewis For Congress		Transaction ID: 10838151 Date of Disbursement MM / DD / YYYY 03 / 11 / 2005
Mailing Address 2015 Wallace Rd. Sw		Amount of Each Disbursement this Period 1000.00 Contribution
City Atlanta State GA Zip Code 30331	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Lois Capps		Transaction ID: 10838102 Date of Disbursement 03 / 11 / 2005
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00 Contribution
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: 10837897 Date of Disbursement 03 / 11 / 2005
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 5000.00 2005 Contribution
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Roy Blunt		Transaction ID: 10838008 Date of Disbursement 03 / 11 / 2005
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 1000.00 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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. Buck Mckeon For Congress		Transaction ID: 10838011 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00
City Santa Clarita State CA Zip Code 91321	Purpose of Disbursement Contribution Contribution Category/Type 011	
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	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. Hatch Election Committee Inc		Transaction ID: 10837989 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Sen. Orrin G. Hatch	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hatch Election Committee Inc		Transaction ID: 10837990 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Sen. Orrin G. Hatch	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 74

<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. Knollenberg For Congress Committee		Transaction ID: 10838187 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 31000 Telegraph Road #110		Amount of Each Disbursement this Period 1000.00
City Bingham Farms State MI Zip Code 48025	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Joe Knollenberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 9		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Forbes For Congress		Transaction ID: 10837995 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. McCotter Congressional Committee		Transaction ID: 10838186 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address P.O. Box 530788		Amount of Each Disbursement this Period 500.00
City Livonia State MI Zip Code 48153	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Thaddeus G. McCotter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 74

<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. Gingrey For Congress		Transaction ID: 10838148 Date of Disbursement 03 / 11 / 2005
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 State: GA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PRYCE Project:Promoting Republicans You Can Elect		Transaction ID: 10837951 Date of Disbursement 03 / 11 / 2005
Mailing Address 1155 21 St., NW		Amount of Each Disbursement this Period 5000.00 2005 Contribution
City Washington	State DC Zip Code 20036	
Purpose of Disbursement 2005 Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chris Chocola For Congress Inc		Transaction ID: 10838141 Date of Disbursement 03 / 11 / 2005
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00 Contribution
City South Bend	State IN Zip Code 46660	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Chambliss For Senate		Transaction ID: 10837988 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30355	011 Category/ Type	
Purpose of Disbursement 2008 Contribution		
Candidate Name Sen. Saxby Chambliss		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Contribution

Full Name (Last, First, Middle Initial) B. Northern Lights PAC		Transaction ID: 10926897 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 1537 Shipsview Road		Amount of Each Disbursement this Period -1000.00
City Annapolis State MD Zip Code 21401	011 Category/ Type	
Purpose of Disbursement Void - 2/22/2005 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) ▼	Void - 2/22/2005 Contribu- tion

Full Name (Last, First, Middle Initial) C. Friends Of Connie Mack		Transaction ID: 10789228 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address P.O. Box 519 Pmb 388		Amount of Each Disbursement this Period -1000.00
City Naples State FL Zip Code 34106	011 Category/ Type	
Purpose of Disbursement Void - 2/4/2005 Contribution		
Candidate Name Rep. Connie Mack, IV		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - 2/4/2005 Contribut- ion

SUBTOTAL of Disbursements This Page (optional) ▶	-1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mike Dewine For Us Senate		Transaction ID: 10833976 Date of Disbursement 03 / 16 / 2005
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbus State OH Zip Code 43234	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard E Neal For Congress Committee		Transaction ID: 10971262 Date of Disbursement 03 / 16 / 2005
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period 1000.00 Contribution
City Springfield State MA Zip Code 01108	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Richard E. Neal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Berkley For Congress		Transaction ID: 10834016 Date of Disbursement 03 / 16 / 2005
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00 Contribution
City Las Vegas State NV Zip Code 89121	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Mike Sodrel		Transaction ID: 10834010 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address 702 North Shore Drive Suite 500		Amount of Each Disbursement this Period 1000.00
City Jeffersonville State IN Zip Code 47130	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael E. Sodrel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Asian American Action Fund		Transaction ID: 10970849 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address 800 7TH STREET NW SUITE #305		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20001	2005 Contribution	
Purpose of Disbursement 2005 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) C. Bill Shuster For Congress		Transaction ID: 10851321 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address PO Box 27		Amount of Each Disbursement this Period 1000.00
City Hollidaysburg State PA Zip Code 16648	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. William Franklin Shuster		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 9		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Nussle For Congress Committee		Transaction ID: 10851312 Date of Disbursement MM / DD / YYYY 03 / 18 / 2005	
Mailing Address P.O. Box 324		Amount of Each Disbursement this Period 5000.00	
City Manchester	State IA	Zip Code 52057	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. James Allen Nussle			
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) ▼		
State: IA District: 1			

Full Name (Last, First, Middle Initial) B. Steve Israel For Congress Committee		Transaction ID: 10851318 Date of Disbursement MM / DD / YYYY 03 / 18 / 2005	
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 1000.00	
City Deer Park	State NY	Zip Code 11729	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Steve J. Israel			
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) ▼		
State: NY District: 2			

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: 10851305 Date of Disbursement MM / DD / YYYY 03 / 18 / 2005	
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20003	2005 Contribution
Purpose of Disbursement 2005 Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 74

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Kent Conrad		Transaction ID: 10851310 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00 Contribution
City Bismarck State ND Zip Code 58502	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Menendez For Senate		Transaction ID: 10851311 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00 Contribution
City Union City State NJ Zip Code 07087	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robert Menendez		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Blumenauer For Congress		Transaction ID: 10851316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 921 Sw Washington Suite 810		Amount of Each Disbursement this Period 2500.00 Contribution
City Portland State OR Zip Code 97205	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 74

<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. Engel For Congress		Transaction ID: 10851319 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00 Contribution
City Bronxville State NY Zip Code 10708	011 Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Burgess For Congress		Transaction ID: 10851313 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Rogers For Congress		Transaction ID: 10851315 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Anniston State AL Zip Code 36201	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael D. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 74

<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. Carnahan In Congress		Transaction ID: 10851322 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 7370 Manchester Rd Ste 20		Amount of Each Disbursement this Period 2000.00
City St. Louis State MO Zip Code 63143	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Russ Carnahan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 3		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Iowa Priorities Action Committee		Transaction ID: 10851308 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 35		Amount of Each Disbursement this Period 5000.00
City Manchester State IA Zip Code 52057	2005 Contribution	
Purpose of Disbursement 2005 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		011 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Herseth For Congress		Transaction ID: 10851314 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Stephanie Herseth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Kuhl For Congress		Transaction ID: 10851317 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 5
Mailing Address 10 Ganesvoort Street Suite 101		Amount of Each Disbursement this Period 1000.00
City Bath State NY Zip Code 14810	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John Randall Kuhl Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29		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. Jerry Weller For Congress Inc.		Transaction ID: 10858293 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60434	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Gerald C. Weller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11		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) C. Radanovich For Congress		Transaction ID: 10858300 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 30151 Tomas Street		Amount of Each Disbursement this Period 1000.00
City Rancho Sta Mrgrita State CA Zip Code 92688	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. George P. Radanovich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 74

<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. Senate Victory Fund PAC		Transaction ID: 10858303 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	2005 Contribution	
Purpose of Disbursement 2005 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. Ed Royce For Congress		Transaction ID: 10858295 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 250.00
City Orange State CA Zip Code 92859	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Edward R. Royce		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Graves For Congress		Transaction ID: 10970397 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 2345 Grand Suite 2400		Amount of Each Disbursement this Period 2000.00
City Kansas City State MO Zip Code 64108	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Samuel B. Graves, Jr.		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 6		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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PAGE 70 / 74

<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. Lautenberg For Senate		Transaction ID: 10858285 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address Gateway One 23rd Floor		Amount of Each Disbursement this Period 1000.00	
City Newark State NJ Zip Code 07102	Purpose of Disbursement 2008 Contribution Candidate Name Sen. Frank R. Lautenberg	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2	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. Nathan Deal For Congress		Transaction ID: 10858279 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2500.00	
City Gainesville State GA Zip Code 30503	Purpose of Disbursement Contribution Candidate Name Rep. Nathan Deal	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution	

Full Name (Last, First, Middle Initial) C. Judy Biggert For Congress		Transaction ID: 10858310 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00	
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement Contribution Candidate Name Rep. Judy Biggert	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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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. People For English		Transaction ID: 10858306 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 2000.00
City Erie State PA Zip Code 16507	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. Phil English	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	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. David Scott For Congress		Transaction ID: 10858273 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 2500.00
City Atlanta State GA Zip Code 30307	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. David A. Scott	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charlie Dent For Congress		Transaction ID: 10858317 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00
City Allentown State PA Zip Code 18105	Purpose of Disbursement Contribution Contribution Category/Type 011	
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	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
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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. Charlie Melancon Campaign Committee Inc		Transaction ID: 10858311 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address 511 Congress St PO Box 549		Amount of Each Disbursement this Period 1000.00 Contribution
City Napoleonville State LA Zip Code 70390	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles Melancon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Allyson Schwartz For Congress		Transaction ID: 10858309 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 45706		Amount of Each Disbursement this Period 2000.00 Contribution
City Philadelphia State PA Zip Code 19149	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Allyson Y. Schwartz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jerry Weller For Congress Inc.		Transaction ID: 10971270 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period -1000.00 Void - 10/14/04 Contribut- ion
City Joliet State IL Zip Code 60434	011 Category/ Type	
Purpose of Disbursement Void - 10/14/04 Contribution		
Candidate Name Rep. Gerald C. Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General Congres	

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Shelley Moore Capito For Congress		Transaction ID: 10858326 Date of Disbursement 03 / 31 / 2005	
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 2000.00	
City Charleston State WV Zip Code 25339	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Shelley Moore Capito	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2			

Full Name (Last, First, Middle Initial) B. Ron Lewis For Congress		Transaction ID: 10858328 Date of Disbursement 03 / 31 / 2005	
Mailing Address PO Box 307		Amount of Each Disbursement this Period 5000.00	
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Ron Lewis	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2			

Full Name (Last, First, Middle Initial) C. Dreier For Congress Committee		Transaction ID: 10858327 Date of Disbursement 03 / 31 / 2005	
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 5000.00	
City Upland State CA Zip Code 91785	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. David Dreier	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26			

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 74

<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. Bob Goodlatte For Congress Committee		Transaction ID: 10858337 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address P.O. Box 292		Amount of Each Disbursement this Period 500.00
City Roanoke State VA Zip Code 24002	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Rep. Robert W. Goodlatte	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 6	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. Friends Of George Allen		Transaction ID: 10858334 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Sen. George F. Allen	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

146250.00