

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William L. Welch, CHE Mailing Address 728 McDowell City Fairbury State NE Zip Code 68352-2853 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005 <b>Transaction ID: 10793608</b> Amount of Each Receipt this Period 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 ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Thomas C. Dolan, Ph.D., FAC Mailing Address 339 Cottage Hill City Elmhurst State IL Zip Code 60126-3332 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005 <b>Transaction ID: 10793643</b> Amount of Each Receipt this Period 500.00
Name of Employer: American College of Healthcare Executives Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Timothy O'Connor Mailing Address 41 Mall Road City Burlington State MA Zip Code 01805-0001 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005 <b>Transaction ID: 10793662</b> Amount of Each Receipt this Period 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 ▼ 250.00		

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