

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW Suite 700 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2008 through 04 30 2008

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 05 20 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 1507360.96 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 1336030.27 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 43362.49 | 270681.14 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1379392.76 | 1778042.10 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 137759.29 | 536408.63 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1241633.47 | 1241633.47 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 19527.55 | 75852.03 |
| (i) Itemized (use Schedule A) | 10813.56 | 33623.64 |
| (ii) Unitemized | 30341.11 | 109475.67 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 30341.11 | 109475.67 |
| 12. Transfers From Affiliated/Other Party Committees | 7560.33 | 135260.33 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 5000.00 | 24000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 461.05 | 1945.14 |
| 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)) | 43362.49 | 270681.14 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 43362.49 | 270681.14 |

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..... | -4465.71 | 76293.63 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | -4465.71 | 76293.63 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 141875.00 | 458625.00 |
| 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 | 640.00 |
| (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 | 640.00 |
| 29. Other Disbursements..... | 350.00 | 850.00 |
| 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)).. | 137759.29 | 536408.63 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 137759.29 | 536408.63 |

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 | 30341.11 | 109475.67 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 640.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 30341.11 | 108835.67 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | -4465.71 | 76293.63 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -4465.71 | 76293.63 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard L Allen

Mailing Address P O Box 1289

City State Zip Code
Manhattan KS 66505-1289

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

Name of Employer Occupation
Mercy Regional Health Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 15241479

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Deborah Frey Stern, RN, JD

Mailing Address 3010 Clark Court

City State Zip Code
Topeka KS 66604-2660

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

Name of Employer Occupation
Kansas Hospital Association Clinical Services/Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.81

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 15241488

Amount of Each Receipt this Period
4.81

C.

Full Name (Last, First, Middle Initial)
Mr. Robert P Granger

Mailing Address P O Box 7000

City State Zip Code
Columbus GA 31908-7000

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

Name of Employer Occupation
St. Francis Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 15241694

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **504.81**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Ethan James | | Date of Receipt |
| | Mailing Address 1675 Terrell Mill Road | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Marietta | GA | 30067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 15241695 |
| Name of Employer Georgia Hospital Association | | Occupation Director of Grassroots and Advocacy | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 437.50 | <input type="text"/> 137.50 |

| | | | |
|---|---|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Mr. G. Lamar Lyle | | Date of Receipt |
| | Mailing Address Post Office Box 44 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Dalton | GA | 30722-0044 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 15241696 |
| Name of Employer Hamilton Medical Center | | Occupation Board Chairman | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 816.00 | <input type="text"/> 66.00 |

| | | | |
|---|---|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Richard Howerton | | Date of Receipt |
| | Mailing Address 3365 W Paces Ferry Ct NW | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Atlanta | GA | 30327-2228 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 15241716 |
| Name of Employer VHA Georgia, Inc. | | Occupation President & CEO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 250.00 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 453.50 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 62

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. William T Moore

Mailing Address 3014 Castle Pines Drive

City State Zip Code
Duluth GA 30097-2039

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Atlanta Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 15241726

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Perry Mustian

Mailing Address 139 Bellingham Drive

City State Zip Code
Thomasville GA 31792-8688

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Brooks County Hospital Sr. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 15241728

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address P O Box 1059

City State Zip Code
Thomaston GA 30286-0027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Upson Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: 15241742

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. O.J. Booker

Mailing Address P O Box 1068

City State Zip Code
Forsyth GA 31029-1068

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

Name of Employer Occupation
Monroe County Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 15241747

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gerald N Fulks

Mailing Address 1514 Vernon Road

City State Zip Code
Lagrange GA 30240-4131

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

Name of Employer Occupation
West Georgia Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 15241759

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Brenda Gail Summers

Mailing Address 1351 Anthem Court

City State Zip Code
Charlotte NC 28205-7981

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

Name of Employer Occupation
The Greeley Company Senior Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2008

Transaction ID: 15337230

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Daniel Waldmann | Date of Receipt MM / DD / YYYY 04 / 09 / 2008 |
| | Mailing Address 801 Pennsylvania Avenue, NW Suite 750 | Transaction ID: 15338174 |
| | City State Zip Code Washington DC 20004-2615 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation TENET Healthcare Corporation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr Amos W Carty | Date of Receipt MM / DD / YYYY 04 / 09 / 2008 |
| | Mailing Address 9048 Sugar Estate | Transaction ID: 15338177 |
| | City State Zip Code St Thomas VI 00802-4001 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Schneider Regional Medical Center Chief Operating Officer and General Co Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Susan Hanks Marscellas | Date of Receipt MM / DD / YYYY 04 / 09 / 2008 |
| | Mailing Address 57 Calera Canyon Road | Transaction ID: 15338392 |
| | City State Zip Code Salinas CA 93908-9432 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Salinas Valley Memorial Healthcare Sys V.P. Marketing and Public Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | |

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Claire Murray | Date of Receipt MM / DD / YYYY 04 / 10 / 2008 |
| | Mailing Address 1501 Twelfth Ave. | Transaction ID: 15346484 |
| | City State Zip Code Watervliet NY 12189-2402 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer New York Organization Nurse Executives Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Gladys Campbell | Date of Receipt MM / DD / YYYY 04 / 10 / 2008 |
| | Mailing Address 2220 NW Aspen Avenue | Transaction ID: 15346486 |
| | City State Zip Code Portland OR 97210-1219 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Northwest Organization of Nurse Execut Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Peter A. Sherlock | Date of Receipt MM / DD / YYYY 04 / 18 / 2008 |
| | Mailing Address 388 Western Avenue | Transaction ID: 15348810 |
| | City State Zip Code West Brattleboro VT 05301-6238 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Brattleboro Memorial Hospital 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) | ▶ | 1200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 62
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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)
Ms. Crystal L Haynes

Mailing Address P O Box 15250

City State Zip Code
Saint Louis MO 63110-0250

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

Name of Employer Occupation
Saint Louis University Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008

Transaction ID: 15354211

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

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

Name of Employer Occupation
Missouri Hospital Association Sr. Vice President, Health Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 444.48

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008

Transaction ID: 15354225

Amount of Each Receipt this Period
111.12

C.

Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

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

Name of Employer Occupation
Missouri Hospital Association President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 444.48

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008

Transaction ID: 15354239

Amount of Each Receipt this Period
111.12

SUBTOTAL of Receipts This Page (optional) ▶ **722.24**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Hoeft

Mailing Address P O Box 256

City State Zip Code
Ashley ND 58413-0450

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

Name of Employer Ashley Medical Center Occupation Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 15354242

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Gail Lovinger

Mailing Address 2225 Simpson

City State Zip Code
Evanston IL 60201-3006

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

Name of Employer American Hospital Associa-tion-Chicago Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 15354319

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frederick D. Hobby

Mailing Address 3903 Carrington Drive

City State Zip Code
Hazel Crest IL 60429-1677

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

Name of Employer American Hospital Associa-tion-Chicago Occupation President and CEO, Institute for Diver

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: 15354321

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
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. **C**

Name of Employer American College of Healthcare Executives Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2008

Transaction ID: 15354322

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen J Kellie, R.N.

Mailing Address 3960 Campbell Road

City New Meadows State ID Zip Code 83654-5031

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

Name of Employer McCall Memorial Hospital Occupation President and Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 10 / 2008

Transaction ID: 15356387

Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia R. Goldman

Mailing Address 9 Farm Haven Court

City Rockville State MD Zip Code 20852-4231

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2008

Transaction ID: 15356396

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 62

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Hoeft

Mailing Address P O Box 256

City State Zip Code
Ashley ND 58413-0450

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

Name of Employer Occupation
Ashley Medical Center Administrator and Chief Executive Offi

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: 15356424

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Al Allee

Mailing Address 319 E Josephine

City State Zip Code
Frederick OK 73542-2220

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

Name of Employer Occupation
Memorial Hospital and Phy- Chief Executive Officer
sician Group

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 15360178

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stanley F Hupfeld

Mailing Address 3366 NW Expressway, Ste 800

City State Zip Code
Oklahoma City OK 73112-4458

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

Name of Employer Occupation
INTEGRIS Health 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
0 4 / 0 8 / 2 0 0 8

Transaction ID: 15362876

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Jennifer Jones | Date of Receipt MM / DD / YYYY 04 / 08 / 2008 |
| | Mailing Address 1011 14Th Avenue | Transaction ID: 15362879 |
| | City State Zip Code Ardmore OK 73401 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Seiling Hospital Occupation: Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Craig W. Jones, FACHE | Date of Receipt MM / DD / YYYY 04 / 08 / 2008 |
| | Mailing Address 1904 Windermere Drive | Transaction ID: 15362880 |
| | City State Zip Code Norman OK 73072-3005 | Amount of Each Receipt this Period 875.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Oklahoma Hospital Association Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Gary W. Mitchell | Date of Receipt MM / DD / YYYY 04 / 08 / 2008 |
| | Mailing Address 905 South Main | Transaction ID: 15370912 |
| | City State Zip Code Shattuck OK 73858-9205 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Newman Memorial Hospital Occupation: Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|----------------|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael Nunamaker

Mailing Address 2220 West Iowa Avenue

City State Zip Code
Chickasha OK 73018-2700

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

Name of Employer Grady Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 15370935

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Raymond L Replogle

Mailing Address 1924 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6503

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

Name of Employer Continuous Care Center of Tulsa Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 15370943

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Scott M. Street

Mailing Address P O Box 2000

City State Zip Code
Duncan OK 73534-2000

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

Name of Employer Duncan Regional Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 15370945

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David D Whitaker, , FACHE

Mailing Address P O Box 1308

City State Zip Code
Norman OK 73070-1308

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

Name of Employer Norman Regional Health System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: 15370956

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joanne Carrocino, , FACHE

Mailing Address 903 Shore Drive

City State Zip Code
Cape May NJ 08204-2234

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

Name of Employer Cape Regional Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 15377182

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. William C. Schoenhard, FACHE

Mailing Address 420 Fairwood Lane

City State Zip Code
Kirkwood MO 63122-4429

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

Name of Employer SSM Health Care
Occupation Exec. V.P. & Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: 15392671

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 62
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Rocklon B. Chapin

Mailing Address 407 East Third Street

City State Zip Code
Duluth MN 55805-1982

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

Name of Employer: St. Mary's/Duluth Clinic Health System
Occupation: Executive Vice President & Sr. Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 04 / 28 / 2008
Transaction ID: 15394194
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Andrea Kmetz-Sheehy

Mailing Address 5805 Mait Lane

City State Zip Code
Edina MN 55436-1333

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

Name of Employer: Children's Hospitals and Clinics of Mi
Occupation: Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 28 / 2008
Transaction ID: 15394210
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terence Pladson, M.D.

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer: CentraCare Health System
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 28 / 2008
Transaction ID: 15394221
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kimber Wraalstad

Mailing Address P O Box 759

City Rolla State ND Zip Code 58367-0759

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 15395975

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Marlene J Krein

Mailing Address 1031 Seventh Street NE

City Devils Lake State ND Zip Code 58301-2719

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

Name of Employer Mercy Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 15395976

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Cheryl L. Hoying, Ph.D., RN,

Mailing Address 1241 Ashland Avenue

City Dayton State OH Zip Code 45420-1503

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

Name of Employer Cincinnati Children's Hospital Medical Occupation Senior Vice President, Patient Care Se

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2008

Transaction ID: 15395977

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 325 Seventh Street, NW Suite 700 | Transaction ID: PR1045726220544 |
| | City Washington State DC Zip Code 20004-2818 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Alex White, Jr. | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address One North Franklin | Transaction ID: PR1339349920544 |
| | City Chicago State IL Zip Code 60606-3436 | Amount of Each Receipt this Period 116.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$58.00 Bi-Weekly) |
| | Name of Employer American Hospital Association Occupation Account Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 522.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Linda Fishman | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 325 Seventh Street, NW Suite 700 | Transaction ID: PR327629120544 |
| | City Washington State DC Zip Code 20004-2818 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Washingt Occupation Vice President Federal Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 272.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 107 East Lane | Transaction ID: PR327727320544 |
| | City State Zip Code Lake Barrington IL 60010-1939 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| 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 ▼ 351.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 11004 petersborough Drive | Transaction ID: PR327745920544 |
| | City State Zip Code Rockville MD 20852-3249 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| Name of Employer American Hospital Association-Washingt | Occupation Director, Grassroots Advocacy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 325 Seventh Street, NW Suite 700 | Transaction ID: PR327812020544 |
| | City State Zip Code Washington DC 20004-2818 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| Name of Employer American Organization of Nurse Executi | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 234.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 62 |
| | (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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Mark Seklecki | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 325 Seventh Street, NW Suite 700 | Transaction ID: PR327858020544 |
| | City Washington State DC Zip Code 20004-2818 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. John F. Barry | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address One North Franklin | Transaction ID: PR327877820544 |
| | City Millis State MA Zip Code 60606-3436 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation Regional Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 325 Seventh Street, NW Suite 700 | Transaction ID: PR328132820544 |
| | City Washington State DC Zip Code 20004-2818 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Washingt Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 234.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach | | Date of Receipt |
| | Mailing Address 204 7th Ave | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | La Grange | IL | 60525-6406 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: PR328136920544 |
| Name of Employer American Hospital Association-Chicago | | Occupation Sr. Vice President, Member Relations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 351.00 | <input type="text"/> 78.00 |
| | | | P/R Deduction (\$39.00 Bi-Weekly) |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian | | Date of Receipt |
| | Mailing Address 5545 North Wayne | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Chicago | IL | 60640-1318 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: PR328223820544 |
| Name of Employer American Hospital Association-Chicago | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 351.00 | <input type="text"/> 78.00 |
| | | | P/R Deduction (\$39.00) |

| | | | |
|---|--|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D. | | Date of Receipt |
| | Mailing Address 13106 Vingle Lane | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Silver Spring | MD | 20906 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: PR328224920544 |
| Name of Employer American Hospital Association-Washingt | | Occupation Sr. Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 351.00 | <input type="text"/> 78.00 |
| | | | P/R Deduction (\$39.00 Bi-Weekly) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 234.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 3475 North Venice Street | Transaction ID: PR328260920544 |
| | City State Zip Code Arlington VA 22207-4446 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer American Hospital Association-Washingt Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00 | P/R Deduction (\$39.00 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 |
| | Mailing Address 1221 Cavalier Road | Transaction ID: PR328310420544 |
| | City State Zip Code Arnold MD 21012-2126 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00 | P/R Deduction (\$40.00 Bi-Weekly) |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 1001 N. Potomac Street | Transaction ID: PR328312720544 |
| | City State Zip Code Arlington VA 22205-1629 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00 | P/R Deduction (\$39.00 Bi-Weekly) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 236.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|------------------------------------|---|---|
| A. | Full Name (Last, First, Middle Initial) 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: PR328341820544 |
| | City Washington State DC Zip Code 20004-2818 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 351.00 | | |

| | | |
|------------------------------------|--|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 200 Clover Hill Court | Transaction ID: PR328511820544 |
| | City Yardley State PA Zip Code 19067-5736 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 351.00 | | |

| | | |
|------------------------------------|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 1 North Franklin SAtreet | Transaction ID: PR329071320544 |
| | City Chicago State IL Zip Code 60614 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation President & COO, Leadership & Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 351.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 234.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 500 Interstate Boulevard South | Transaction ID: PR329215720544 |
| | City State Zip Code Nashville TN 37210-4634 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address 4960 138th Cricle West | Transaction ID: PR330475420544 |
| | City State Zip Code Apple Valley MN 55124 | Amount of Each Receipt this Period 78.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$39.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00 | |

| | | |
|-----------|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Sr. | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address PO Box 15587 | Transaction ID: PR331416020544 |
| | City State Zip Code Austin TX 78761-5587 | Amount of Each Receipt this Period 116.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$58.00 Bi-Weekly) |
| | Name of Employer American Hospital Association Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 522.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 272.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mr. Donald May | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 521 Great Falls St. | | Transaction ID: PR331533220544 |
| City Falls Church | State VA | Zip Code 22046-2613 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 78.00 |
| Name of Employer American Hospital Association-Washingt | Occupation Vice President, Policy | P/R Deduction (\$39.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Ms. Kristin Welsh | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 325 Seventh Street, NW Suite 700 | | Transaction ID: PR517619720544 |
| City Washington | State DC | Zip Code 20004-2818 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 78.00 |
| Name of Employer American Hospital Association-Washingt | Occupation Vice President Executive Branch Relati | P/R Deduction (\$39.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 351.00 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 156.00 |
| TOTAL This Period (last page this line number only) | 19527.55 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 62

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC
Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: 15337268

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Montana Hospital Association PAC - Federal Fund
Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008

Transaction ID: 15353662

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Georgia Hospital Association
Mailing Address 1675 Terrell Mill Road

City State Zip Code
Marietta GA 30067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1560.33

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 15489231

Amount of Each Receipt this Period
1560.33

Refunded 5/08

SUBTOTAL of Receipts This Page (optional)

7560.33

TOTAL This Period (last page this line number only)

7560.33

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

| | | |
|---|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 30 / 62 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 |
| | | <input checked="" 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) Preserving America's Traditions PAC (PATPAC) | | Date of Receipt |
| | Mailing Address 228 South Washington Street Suite B-20 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 4 / 2 0 0 8 |
| | City | State | Zip Code |
| | Washington | DC | 22314 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 15353595 |
| | C C00383869 | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation | <input type="text"/> 5000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 5000.00 |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 5000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 5000.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 31 / 62 | |
| | (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 |

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)
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 ▼

1945.14

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 15466399

Amount of Each Receipt this Period

461.05

Bank Interest

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 461.05 |
| TOTAL This Period (last page this line number only) | ▶ | 461.05 |

**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 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 |

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) Bennett, Peters and Normington | Transaction ID: 15344493 Date of Disbursement 04 / 01 / 2008 |
| | Mailing Address 1010 Wisconsin Ave, NW Suite 208 | Amount of Each Disbursement this Period -4875.00 |
| | City Washington State DC Zip Code 20007 | |
| | Purpose of Disbursement In-Kind to Mitchell (AZ-5). See line 23. Vendor payment reported 3/08. | 005 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) ▼ | In-Kind to Mitchell (AZ-5-). See line 23. Vendor payment reported 3/08. |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Merchant Bankcard | Transaction ID: 15466648 Date of Disbursement 04 / 03 / 2008 |
| | Mailing Address 1601 Elm Street | Amount of Each Disbursement this Period 80.00 |
| | City Dallas State TX Zip Code 75201 | |
| | Purpose of Disbursement Merchant Fees | 001 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) ▼ | Merchant Fees |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Merchant Bankcard | Transaction ID: 15466772 Date of Disbursement 04 / 04 / 2008 |
| | Mailing Address 1601 Elm Street | Amount of Each Disbursement this Period 189.57 |
| | City Dallas State TX Zip Code 75201 | |
| | Purpose of Disbursement Merchant Fees | 001 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) ▼ | Merchant Fees |
| | State: District: | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | -4605.43 |
| 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 33 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Transaction ID: 15466877</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="95.14"/></p> <p>Merchant Fees</p> |
| <p>B. Full Name (Last, First, Middle Initial) Citibank, F.S.B.</p> <p>Mailing Address 1400 G Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Transaction ID: 15466977</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.08"/></p> <p>Bank Fee</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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 |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Hastings For Congress</p> <p>Mailing Address P.O. Box 100277</p> <p>City Ft. Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Alcee L. Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 23</p> | <p>Transaction ID: 15355555 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Lautenberg For Senate</p> <p>Mailing Address Riverfront Plaza Station PO Box 200596</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Frank R. Lautenberg Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:</p> | <p>Transaction ID: 15355541 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Nita Lowey For Congress</p> <p>Mailing Address PO Box 271</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 18</p> | <p>Transaction ID: 15487411 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) Friends Of John Boehner <hr/> Mailing Address 7908-I2 Cincinnati Dayton Road <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15355716 Date of Disbursement 04 / 01 / 2008 | Amount of Each Disbursement this Period 1000.00 Contribution |
| B. | Full Name (Last, First, Middle Initial) Ehlers For Congress Committee <hr/> Mailing Address PO Box 3340 <hr/> City Grand Rapids State MI Zip Code 49501 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Vernon J. Ehlers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15355537 Date of Disbursement 04 / 01 / 2008 | Amount of Each Disbursement this Period 1000.00 Contribution |
| C. | Full Name (Last, First, Middle Initial) Engel For Congress <hr/> Mailing Address 462 California Road <hr/> City Bronxville State NY Zip Code 10708 <hr/> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15355538 Date of Disbursement 04 / 01 / 2008 | Amount of Each Disbursement this Period 1000.00 Contribution |

| | |
|--|-------------|
| 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 |

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) Mike Ross For Congress Committee | Transaction ID: 15357073 Date of Disbursement 04 / 01 / 2008 |
| | Mailing Address PO Box 360 | Amount of Each Disbursement this Period 2500.00 |
| | City Prescott State AR Zip Code 71857 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Daniel Webster PAC | Transaction ID: 15355536 Date of Disbursement 04 / 01 / 2008 |
| | Mailing Address P.O. Box 519 | Amount of Each Disbursement this Period 5000.00 |
| | City Rye State NH Zip Code 03870 | |
| | Purpose of Disbursement 2008 Contribution Candidate Name | 011 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 2008 Contribution |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Matsui For Congress | Transaction ID: 15355552 Date of Disbursement 04 / 01 / 2008 |
| | Mailing Address PO Box 1738 | Amount of Each Disbursement this Period 1000.00 |
| | City Sacramento State CA Zip Code 95812 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Doris Matsui Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 | 011 Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)
Arcuri For Congress

Mailing Address P.O. Box 8508

City State Zip Code
Utica NY 13505

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael A. Arcuri

Office Sought: House
 Senate
 President

State: NY District: 24

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15355540
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Harry Mitchell For Congress

Mailing Address PO Box 23748

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
In-Kind Contribution: Polling Services

Candidate Name
Rep. Harry Mitchell

Office Sought: House
 Senate
 President

State: AZ District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15344495
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

4875.00

In-Kind Contribution: Pol-
ling Services

C.

Full Name (Last, First, Middle Initial)
Senate Victory Fund PAC

Mailing Address 507 Capitol Court NE
#100

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15355665
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

2500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

8375.00

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 |

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) David Davis Victory Fund | Transaction ID: 15355708 Date of Disbursement 04 / 03 / 2008 |
| | Mailing Address PO Box 781 | |
| | City Johnson City State TN Zip Code 37605 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. David Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01 | Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Sestak For Congress | Transaction ID: 15355713 Date of Disbursement 04 / 03 / 2008 |
| | Mailing Address P.O. Box 16 | |
| | City Media State PA Zip Code 19063 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Joe Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 | Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Adler For Congress | Transaction ID: 15356384 Date of Disbursement 04 / 03 / 2008 |
| | Mailing Address 14 Knightswood Drive | |
| | City Marlton State NJ Zip Code 08053 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement Contribution Candidate Name Mr. John Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 | Contribution |
| | Disbursement For: 2008 <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)

PAGE 39 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Trust PAC</p> <p>Mailing Address PO Box 221543</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15487045 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2008 Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends Of Frank Wolf</p> <p>Mailing Address P. O. Box 710235</p> <p>City Oak Hill State VA Zip Code 20171</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank R. Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15356471 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15356459 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Glacier PAC | Transaction ID: 15356445 Date of Disbursement 04 / 10 / 2008 |
| | Mailing Address 818 Connecticut Ave., NW Suite 1100 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20006 | |
| | Purpose of Disbursement 2008 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) ▼ |
| | | 2008 Contribution |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America | Transaction ID: 15356425 Date of Disbursement 04 / 10 / 2008 |
| | Mailing Address 1341 G Street, NW Suite 200 | Amount of Each Disbursement this Period 2500.00 |
| | City Washington State DC Zip Code 20005 | |
| | Purpose of Disbursement 2008 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) ▼ |
| | | 2008 Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For U.S. Congress | Transaction ID: 15356489 Date of Disbursement 04 / 10 / 2008 |
| | Mailing Address 3729 Silsby Rd | Amount of Each Disbursement this Period 1000.00 |
| | City University Heights State OH Zip Code 44118 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Stephanie Tubbs Jones | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)
Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Ann Emerson

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15356488
Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Committee for the Preservation of Capitalism (CPC)

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 22036

Purpose of Disbursement
2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15487044
Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

2008 Contribution

C. Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Lee Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15356874
Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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 |

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) Debbie Wasserman Schultz for Congress <hr/> Mailing Address 1071 Twin Branch Ln <hr/> City Weston State FL Zip Code 33326 Purpose of Disbursement Contribution Candidate Name Rep. Debbie Wasserman-Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15356477 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 Contribution |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Porter For Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 Purpose of Disbursement Contribution Candidate Name Rep. Jon C. Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15356465 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 Contribution |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Heller For Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 Purpose of Disbursement Contribution Candidate Name Rep. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15356486 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 Contribution |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) James Webb For Senate | Transaction ID: 15356870 Date of Disbursement 04 / 10 / 2008 |
| | Mailing Address PO Box 17427 | |
| | City Arlington State VA Zip Code 22216 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement 2010 Contribution Candidate Name Mr. James Webb Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: | 2010 Contribution |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Unite our States | Transaction ID: 15356451 Date of Disbursement 04 / 10 / 2008 |
| | Mailing Address 513 Capitol Court, NE Suite 100 | |
| | City Washington State DC Zip Code 22 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | 2008 Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) National Republican Congressional Committee | Transaction ID: 15356876 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 320 First Street, SE | |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 15000.00 |
| | Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | 2008 Contribution |

| | |
|--|----------|
| 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)

PAGE 44 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) Louise Slaughter Re-Election Committee | Transaction ID: 15356946 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address P.O. Box 730 C/O C. Bruce Lawrence | Amount of Each Disbursement this Period 2000.00 |
| | City Honeoye State NY Zip Code 14471 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Louise McIntosh Slaughter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28 | 011 Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) The Freedom Project | Transaction ID: 15356929 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 111 C Street SE Lower Unit | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20003 | |
| | Purpose of Disbursement 2008 Contribution Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 2008 Contribution |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Friends Of Weiner | Transaction ID: 15357048 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 1 Ascan Avenue #31 Suite 31 | Amount of Each Disbursement this Period 1000.00 |
| | City Forest Hills State NY Zip Code 11375 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Anthony D. Weiner | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 | Contribution |
| | Disbursement For: 2008 <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)

PAGE 45 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) Stephanie Tubbs Jones For U.S. Congress Mailing Address 3729 Silsby Rd City University Heights State OH Zip Code 44118 Purpose of Disbursement Contribution Candidate Name Rep. Stephanie Tubbs Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15356947 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 Contribution |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Maloney For Congress Mailing Address 49 East 92nd Street City New York State NY Zip Code 10128 Purpose of Disbursement Contribution Candidate Name Rep. Carolyn B. Maloney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15357046 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 Contribution |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Brian Bilbray For Congress Mailing Address 2466 Unicornio Street City Carlsbad State CA Zip Code 92009 Purpose of Disbursement Contribution Candidate Name Rep. Brian P. Bilbray Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15357041 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 4000.00 Contribution |

| | |
|--|-------------|
| 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 |

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) Brian Bilbray For Congress Mailing Address 2466 Unicornio Street City Carlsbad State CA Zip Code 92009 Purpose of Disbursement Contribution Candidate Name Rep. Brian P. Bilbray Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15357043 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 1000.00 Contribution | 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City White Plains State NY Zip Code 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15357049 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 1000.00 Contribution | 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Friends of Jim Clyburn Mailing Address P.O. Box 12567 City Columbia State SC Zip Code 29211 Purpose of Disbursement Contribution Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15356942 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 1500.00 Contribution | 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)
Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City State Zip Code
Roanoke VA 24002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert W. Goodlatte

Office Sought: House
 Senate
 President

State: VA District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15357047

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Sanford D. Bishop Jr. For Congress

Mailing Address P. O. Box 909

City State Zip Code
Columbus GA 31902

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sanford D. Bishop, Jr.

Office Sought: House
 Senate
 President

State: GA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15356939

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

1500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Sanford D. Bishop Jr. For Congress

Mailing Address P. O. Box 909

City State Zip Code
Columbus GA 31902

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sanford D. Bishop, Jr.

Office Sought: House
 Senate
 President

State: GA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15356941

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Engel For Congress | Transaction ID: 15357045 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 462 California Road | Amount of Each Disbursement this Period 1000.00 |
| | City Bronxville State NY Zip Code 10708 | |
| | 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 | 011 Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Norm Coleman For U.S. Senate | Transaction ID: 15356936 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 1412 Energy Park Drive #11 | Amount of Each Disbursement this Period 1000.00 |
| | City Saint Paul State MN Zip Code 55108 | |
| | Purpose of Disbursement Contribution Candidate Name Sen. Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Preserving America's Traditions PAC (PATPAC) | Transaction ID: 15356885 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 228 South Washington Street Suite B-20 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 22314 | |
| | Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2008 Contribution |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| 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 |

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) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Contribution Candidate Name Sen. Elizabeth Dole Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15357044 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 Contribution |
| B. | Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress Mailing Address P.O. Box 2232 City Jenkintown State PA Zip Code 19046 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15357054 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 Contribution |
| C. | Full Name (Last, First, Middle Initial) All America PAC Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2008 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) ▼ | Transaction ID: 15356888 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 2008 Contribution |

| | |
|--|-------------|
| 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 |

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) Citizens For Altmire | Transaction ID: 15357050 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address P.O. Box 1776 | |
| | City Freedom State PA Zip Code 15042 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution 011 Category/ Type |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Latta For Congress | Transaction ID: 15356960 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 300 North Main Street | |
| | City Bowling Green State OH Zip Code 43402 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contribution Candidate Name Mr. Robert Latta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution 011 Category/ Type |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Orrin PAC | Transaction ID: 15356928 Date of Disbursement 04 / 21 / 2008 |
| | Mailing Address 175 S. West Temple Suite 650 | |
| | City Salt Lake City State UT Zip Code 84101 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement 2008 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) ▼ | 2008 Contribution 011 Category/ Type |

| | |
|--|---------|
| 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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15357066 Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15357069 Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15357071 Date of Disbursement 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St.

City Monticello State IN Zip Code 47960

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve Buyer

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 04

Transaction ID: 15357067

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
ERIC PAC-Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 15357065

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

1500.00

2008 Contribution

C. Full Name (Last, First, Middle Initial)
Cazayoux For Congress

Mailing Address P.O. Box 156

City New Roads State LA Zip Code 70760

Purpose of Disbursement
Contribution

Candidate Name
Mr. Donald Cazayoux

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 06

2008 Special General

Transaction ID: 15357072

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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 |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Void of 09/07</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15357061</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void of 09/07</p> |
| <p>B. Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395830</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.</p> <p>Mailing Address P.O. Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steven R. Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395452</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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 |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Tiaht For Congress</p> <p>Mailing Address 2250 N Rock Rd #118 A</p> <p>City Wichita State KS Zip Code 67226</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Todd Tiaht</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395866 Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395851 Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address P.O. Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395820 Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) Republican Main Street Partnership PAC | Transaction ID: 15395441 Date of Disbursement 04 / 28 / 2008 |
| | Mailing Address 1350 Eye Street, NW Suite 560 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20005 | |
| | Purpose of Disbursement 2008 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) ▼ |
| | | 2008 Contribution |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Pastor For Arizona | Transaction ID: 15395783 Date of Disbursement 04 / 28 / 2008 |
| | Mailing Address PO Box 6554 | Amount of Each Disbursement this Period 1000.00 |
| | City Phoenix State AZ Zip Code 85005 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Ed Pastor | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress | Transaction ID: 15395853 Date of Disbursement 04 / 28 / 2008 |
| | Mailing Address P O Box 52-2784 | Amount of Each Disbursement this Period 1000.00 |
| | City Miami State FL Zip Code 33152 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Ileana Ros-Lehtinen | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| 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 |

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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Lautenberg For Senate</p> <p>Mailing Address Riverfront Plaza Station PO Box 200596</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Frank R. Lautenberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:</p> | <p>Transaction ID: 15395856 Date of Disbursement: 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Lautenberg For Senate</p> <p>Mailing Address Riverfront Plaza Station PO Box 200596</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Frank R. Lautenberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:</p> | <p>Transaction ID: 15395858 Date of Disbursement: 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin</p> <p>Mailing Address 10 G Street Ne, Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Carl Levin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:</p> | <p>Transaction ID: 15395854 Date of Disbursement: 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) Friends Of Senator Carl Levin | Transaction ID: 15487055 Date of Disbursement 04 / 28 / 2008 |
| | Mailing Address 10 G Street Ne, Suite 470 | Amount of Each Disbursement this Period 1000.00 |
| | City Washington State DC Zip Code 20002 | |
| | Purpose of Disbursement Contribution Candidate Name Sen. Carl Levin | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Lindsey Graham For Senate | Transaction ID: 15490902 Date of Disbursement 04 / 28 / 2008 |
| | Mailing Address PO Box 1801 | Amount of Each Disbursement this Period 3000.00 |
| | City Columbia State SC Zip Code 29202 | |
| | Purpose of Disbursement Contribution Candidate Name Sen. Lindsey O. Graham | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Matheson For Congress | Transaction ID: 15395475 Date of Disbursement 04 / 28 / 2008 |
| | Mailing Address PO Box 521048 Suite A | Amount of Each Disbursement this Period 1000.00 |
| | City Salt Lake City State UT Zip Code 84152 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. James D. Matheson | 011 Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Contribution |

| | |
|--|---------|
| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395487</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address P.O. Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395824</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 15395846</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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) VINEPAC: Victory in November Election PAC <hr/> Mailing Address 607 14th St. NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> 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) ▼ | Transaction ID: 15395445 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5000.00 <hr/> 2008 Contribution |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Andy Harris For Congress <hr/> Mailing Address PO Box 1527 <hr/> City Annapolis State MD Zip Code 21404 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Andrew Harris <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15395857 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 <hr/> Contribution |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee <hr/> Mailing Address PO Box 703 <hr/> City Geneva State IL Zip Code 60134 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Bill Foster <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 15395804 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 <hr/> Contribution |

| | |
|--|-------------|
| 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 |

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) Tammy Baldwin For Congress Mailing Address P.O. Box 696 City Madison State WI Zip Code 53701 Purpose of Disbursement Void of 1/08 Check <input type="checkbox"/> 011 Candidate Name Rep. Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 02 | Transaction ID: 15394444 Date of Disbursement 04 / 29 / 2008 Amount of Each Disbursement this Period -500.00 Void of 1/08 Check |
| B. | Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address PO Box 521048 Suite A City Salt Lake City State UT Zip Code 84152 Purpose of Disbursement Void of 1/08 Check <input type="checkbox"/> 011 Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02 | Transaction ID: 15394226 Date of Disbursement 04 / 29 / 2008 Amount of Each Disbursement this Period -4000.00 Void of 1/08 Check |
| C. | Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address PO Box 521048 Suite A City Salt Lake City State UT Zip Code 84152 Purpose of Disbursement Void of 1/08 Check <input type="checkbox"/> 011 Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02 | Transaction ID: 15394227 Date of Disbursement 04 / 29 / 2008 Amount of Each Disbursement this Period -1000.00 Void of 1/08 Check |

| | |
|--|-------------|
| 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**

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 62

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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)
Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Void of 3/08 check

Candidate Name
Rep. Shelley Moore Capito

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15487059

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

-2000.00

Void of 3/08 check

SUBTOTAL of Disbursements This Page (optional) ▶

-2000.00

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

141875.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 62

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

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)
Fund for Political Education

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Transfer to Administrative Account

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 15487031

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

350.00

Transfer to Administrative
Account

SUBTOTAL of Disbursements This Page (optional) ▶

350.00

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

350.00