

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 325 Seventh Street, NW Suite 700 Washington DC 20004

2. FEC IDENTIFICATION NUMBER C00106146 3. IS THIS REPORT X 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, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2006 through 02 28 2006

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 03 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		941820.56
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	940235.55									
(c) Total Receipts (from Line 19) .....	126746.18	149924.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1066981.73	1091745.13								
7. Total Disbursements (from Line 31) .....	119914.19	144677.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	947067.54	947067.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18280.00	24727.70
(i) Itemized (use Schedule A) .....	9156.67	15560.57
(ii) Unitemized .....	27436.67	40288.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	32436.67	45288.27
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	94000.00	104000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	309.51	636.30
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)) .....	126746.18	149924.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	126746.18	149924.57

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	164.19	427.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	164.19	427.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	119750.00	144250.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	119914.19	144677.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	119914.19	144677.59

**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) .....	32436.67	45288.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32436.67	45288.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	164.19	427.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	164.19	427.59

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<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"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maureen D. Mudron		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> 12004131
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Asst. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nannette L. Goddard		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 333 N Sam Houston Pky E Ste 400		<b>Transaction ID:</b> 12006233
City State Zip Code Houston TX 77060-2481	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Goddard Management Resources	Occupation Senior Partner, Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Colleen J. Goode, RN, PhD.,		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 4200 East Ninth Avenue Post Office Box A-020		<b>Transaction ID:</b> 12006232
City State Zip Code Denver CO 80220-3700	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Colorado Hospital	Occupation Vice President Patient Services & CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David L. Woodrum		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 175 North Harbor Drive		<b>Transaction ID:</b> 12004133	
City State Zip Code Chicago IL 60601-7344	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Woodrum, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Nemuel O Artilles, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address Post Office Box 10011		<b>Transaction ID:</b> 12004214	
City State Zip Code Guayama PR 00785-4011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hospital Episcopal Cristo Redentor	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Chris Bosse		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 77 pringle Way		<b>Transaction ID:</b> 12003904	
City State Zip Code Reno NV 89502-1474	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washoe Health System	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Nancy Foster</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 10005 Leafy Avenue		<b>Transaction ID: 12004132</b>	
City State Zip Code Silver Spring MD 20910-1021		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt Occupation Vice President, Quality & Patient Safe			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John K Lloyd</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 11 Mohawk Avenue		<b>Transaction ID: 12138846</b>	
City State Zip Code Oceanport NJ 07757-1619		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Meridian Health Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David P. Lavins</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 10 Fox Chase Road		<b>Transaction ID: 12138843</b>	
City State Zip Code Malvern PA 19355-3441		Amount of Each Receipt this Period 370.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1370.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John T Gribbin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 5 Ephraim Road		<b>Transaction ID:</b> 12138844	
City State Zip Code Clarksburg NJ 08510-1620		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CentraState Healthcare System		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Gary J Blan, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 26 Healthier Lane		<b>Transaction ID:</b> 12138842	
City State Zip Code Randolph NJ 07869-3329		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Clare's Health System		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Linda A Savino		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 13 Telegraph Hill Road		<b>Transaction ID:</b> 12138841	
City State Zip Code Holmdel NJ 07733-1465		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rehabilitation Hospital of Tinton Fall		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Stanley F Hupfeld		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 3366 NW Expressway, Ste 800		<b>Transaction ID:</b> 12158047
City State Zip Code Oklahoma City OK 73112-4458	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer INTEGRIS Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Craig W. Jones, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1904 Windermere Drive		<b>Transaction ID:</b> 12158048
City State Zip Code Norman OK 73072-3005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Oklahoma Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. C Bruce Lawrence		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 4401 South Western		<b>Transaction ID:</b> 12158049
City State Zip Code Oklahoma City OK 73109-3413	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Integris Baptist Medical Center	Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Jacqueline Harms</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 1800 University Boulevard		<b>Transaction ID: 12158046</b>	
City State Zip Code Durant OK 74701-3006	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center of Southeastern Oklahom	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. George E French, , III, CHE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address P O Box 5003		<b>Transaction ID: 12063740</b>	
City State Zip Code Minden LA 71058-5003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Minden Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Stephen F. Brenton</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 8567 Arbor Terrace Drive		<b>Transaction ID: 12063721</b>	
City State Zip Code Verona WI 53593-8759	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wisconsin Hospital Association	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joan Clark		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 8900 North Kendall Drive		<b>Transaction ID:</b> 12065731
City State Zip Code Miami FL 33176-2197	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital of Miami	Occupation Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patricia T. Jeter		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 17853 Prestwick Avenue		<b>Transaction ID:</b> 12063742
City State Zip Code Baton Rouge LA 70810-7994	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Louisiana Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Paul A. Salles		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 644 Apache Drive		<b>Transaction ID:</b> 12063747
City State Zip Code Abita Springs LA 70420-3331	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Louisiana Hospital Association	Occupation VP, Health Economics & Decision Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<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)  
Dr. Mark Peters, , M.D.

Mailing Address 4200 Houma Blvd.

City State Zip Code  
Metairie LA 70006-2970

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

Name of Employer  
East Jefferson General 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 2 / 1 7 / 2 0 0 6

**Transaction ID:** 12063745

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dee LeJeune

Mailing Address 38286 Lakeview Ct.

City State Zip Code  
Prairieville LA 70769-8301

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

Name of Employer  
St. Elizabeth Hospital  
Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 6

**Transaction ID:** 12063743

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Katherine Harris

Mailing Address 4108 Meinning Road

City State Zip Code  
Berthoud CO 80513-8579

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

Name of Employer  
McKee Medical Center  
Occupation  
Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 6

**Transaction ID:** 12065730

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<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. Verena J. Briley-Hudson, MN, RN

Mailing Address Post Office Box 449

City State Zip Code  
Hines IL 60141-0449

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

Name of Employer Department of Veterans Affairs  
Occupation Director of Healthcare Inspections

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 12128576

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Q. Everett

Mailing Address 3045 Forest Ridge Drive NE

City State Zip Code  
Iowa City IA 52240-7908

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

Name of Employer University of Iowa Hospitals and Clinics  
Occupation Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 12128572

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Linda Burnes Bolton, Dr.PH, RN,

Mailing Address Post Office Box 48750

City State Zip Code  
Los Angeles CA 90048-0750

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

Name of Employer Cedars-Sinai Medical Center  
Occupation Vice President & Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 12128567

Amount of Each Receipt this Period  
500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn A. Bowcutt, RN, MSN

Mailing Address 4572 Brandermill Court

City State Zip Code  
Evans GA 30809-3950

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

Name of Employer University Health Care System  
Occupation Vice President, Patient Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 6

Transaction ID: 12128569

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen D. Sanford, RN, DBA

Mailing Address 11707 Carriage Place

City State Zip Code  
Olalla WA 98359-9303

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

Name of Employer Harrison Medical Center  
Occupation Vice President, Nursing & Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 6

Transaction ID: 12128573

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen S. Haase-Herrick, MN, RN

Mailing Address 300 Elliott Avenue West Suite 300

City State Zip Code  
Seattle WA 98119-4198

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

Name of Employer Northwest Hospital  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 6

Transaction ID: 12128564

Amount of Each Receipt this Period  
500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Danielle Lloyd		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> 12142103	
City Washington State DC Zip Code 20003-4047	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director for Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Rosemary Ann Roth		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 237 Forgham Road		<b>Transaction ID:</b> 12128571	
City Rochester State NY Zip Code 14616-3334	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ViaHealth	Occupation Surgical Services Nursing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Kim C. Byas, Sr., MPH,		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address One North Franklin		<b>Transaction ID:</b> 12142102	
City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Diane M. Twedell, RN

Mailing Address 1216 Second Street, SW

City State Zip Code  
Rochester MN 55902-1906

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

Name of Employer Occupation  
Mayo Clinic Nurse Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 12128568

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela T. Rudisill

Mailing Address 17225 Royal Court Dr.

City State Zip Code  
Davidson NC 28036-7843

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

Name of Employer Occupation  
Lake Norman Regional Medical Center Chief Nursing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 12128575

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia J. Crome

Mailing Address 2821 Second Avenue  
905

City State Zip Code  
Seattle WA 98121-1282

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

Name of Employer Occupation  
Virginia Mason Medical Center Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 12128574

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Laura Caramanica		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 5 Virginia Lane		<b>Transaction ID:</b> 12128570	
City State Zip Code Unionville CT 06085-1140		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Hartford Hospital Vice President Nursing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Raymond L Replogle		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1924 South Utica Avenue Suite 600		<b>Transaction ID:</b> 12158101	
City State Zip Code Tulsa OK 74104-6503		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation St. John Sapulpa President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jerry G Moeller		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address P O Box 2408		<b>Transaction ID:</b> 12158099	
City State Zip Code Stillwater OK 74076-2408		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Stillwater Medical Center President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Pollack

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR328260916442

Amount of Each Receipt this Period  
160.00

P/R Deduction (\$80.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. E. 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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 6  
Transaction ID: 12158100

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Sr. M. Therese Gottschalk

Mailing Address Post Office Box 4753

City State Zip Code  
Tulsa OK 74159-0753

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

Name of Employer St. John Medical Center  
Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 6  
Transaction ID: 12158091

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>660.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Gary W. Mitchell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 905 South Main Street		<b>Transaction ID:</b> 12158098
City State Zip Code Shattuck OK 73858-9208	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael Harris		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1924 South Utica Avenue Suite 1600		<b>Transaction ID:</b> 12158092
City State Zip Code Tulsa OK 74104-6503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Continuous Care Center of Tulsa	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David D Whitaker, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P O Box 1308		<b>Transaction ID:</b> 12158104
City State Zip Code Norman OK 73070-1308	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Norman Regional Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	18280.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 46
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Triad Hospitals Good Government Fund	
Mailing Address 5800 Tennyson Pkwy.	
City Plano	State TX
Zip Code 75024	
FEC ID number of contributing federal political committee.	<b>C</b> C00347062
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Transaction ID: 12063699
Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

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

FOR LINE NUMBER: PAGE 22 / 46  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City State Zip Code  
Cary NC 27519-4449

FEC ID number of contributing federal political committee. **C** C00194647

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
44000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

**Transaction ID:** 12004135

Amount of Each Receipt this Period  
44000.00

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

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

**Transaction ID:** 12063658

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

**Transaction ID:** 12063656

Amount of Each Receipt this Period  
40000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **94000.00**

**TOTAL** This Period (last page this line number only) ..... ► **94000.00**

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 46	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
636.30

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	6

Transaction ID: 12142109

Amount of Each Receipt this Period  
309.51

Bank Interest Received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	309.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	309.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Citibank, F.S.B.</b>		Transaction ID: 12142105	
Mailing Address 1400 G Street, NW		Date of Disbursement 02 / 21 / 2006	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 62.42
Purpose of Disbursement Bank Fee		001 Category/ Type	
Candidate Name		Bank Fee	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>62.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>62.42</b>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Bill Young Campaign Committee</b>		<b>Transaction ID: 11958034</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 47025		Amount of Each Disbursement this Period 1000.00 Contribution
City St. Petersburg State FL Zip Code 33743	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. C.W. Bill Young		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Heather Wilson For Congress</b>		<b>Transaction ID: 11958029</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00 Contribution
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cummings For Congress Campaign Committee</b>		<b>Transaction ID: 11958035</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 1631		Amount of Each Disbursement this Period 500.00 Contribution
City Baltimore State MD Zip Code 21203	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Elijah E. Cummings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Trent Lott For Mississippi</b>		<b>Transaction ID: 11958031</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 4000.00 Contribution
City Jackson State MS Zip Code 39225	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Trent Lott		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bill Nelson For U S Senate</b>		<b>Transaction ID: 11958021</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00 Contribution
City Satelite Beach State FL Zip Code 32937	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Bill Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pete King For Congress Committee</b>		<b>Transaction ID: 11958033</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period 1000.00 Contribtuion
City Seaford State NY Zip Code 11783	011 Category/ Type	
Purpose of Disbursement Contribtuion		
Candidate Name Rep. Peter T. King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: 11958017</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement 2006 Contribution Candidate Name		2006 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Schwarz For Congress</b>		<b>Transaction ID: 11958030</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Rep. John J.H. Schwarz, M.D.		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. House Conservative Fund</b>		<b>Transaction ID: 11958018</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 3101 Wilson Boulevard Suite 810		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22201	011 Category/ Type	
Purpose of Disbursement 2006 Contribution Candidate Name		2006 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Alliance for the West</b>		<b>Transaction ID:</b> 12001699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 1510 Woodbine Street		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22302	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Feinstein For Senate</b>		<b>Transaction ID:</b> 12001700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 601 S Glenoaks Blvd #211		Amount of Each Disbursement this Period 5000.00
City Burbank State CA Zip Code 91502	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Dianne Feinstein		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Gard For Congress</b>		<b>Transaction ID:</b> 12001706 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 277		Amount of Each Disbursement this Period 2000.00
City Green Bay State WI Zip Code 54305	Contribution	
Purpose of Disbursement Contribution Candidate Name G Gard John		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Kennedy 06</b>		<b>Transaction ID:</b> 12001701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 2000.00 Contribution
City Blaine State MN Zip Code 55449	Purpose of Disbursement Contribution Candidate Name Mr. Mark Kennedy Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Mccrery For Congress Committee</b>		<b>Transaction ID:</b> 12022584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 1000.00 Contribution
City Shreveport State LA Zip Code 71135	Purpose of Disbursement Contribution Candidate Name Rep. Jim McCreery Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Sam Farr for Congress</b>		<b>Transaction ID:</b> 12022585 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 1010 S Street		Amount of Each Disbursement this Period 2500.00 Contribution
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Contribution Candidate Name Rep. Sam Farr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/Type 011		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Marsha Blackburn For Congress Inc.</b>		<b>Transaction ID: 12022583</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 1000.00	
City Franklin State TN Zip Code 37068	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Marsha Blackburn	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. IMPACT</b>		<b>Transaction ID: 12157889</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 509 Madison Ave. Suite 1902		Amount of Each Disbursement this Period 5000.00	
City New York State NY Zip Code 10022	Purpose of Disbursement 2006 Contribution	011 Category/ Type	
2006 Contribution			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. America's Foundation PAC</b>		<b>Transaction ID: 12037273</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement 2006 Contribution	011 Category/ Type	
2006 Contribution			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Kirk For Congress</b>		<b>Transaction ID:</b> 12037281 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00 Contribution
City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Citizens For Rush</b>		<b>Transaction ID:</b> 12037278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 7292		Amount of Each Disbursement this Period 1000.00 Contribution
City Chicago State IL Zip Code 60680	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Bobby L. Rush Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 1		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. New Republican Majority Fund</b>		<b>Transaction ID:</b> 12037270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 228 South Washington Street Suite 200		Amount of Each Disbursement this Period 5000.00 2006 Contribution
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 5000.00 2006 Contribution	
Purpose of Disbursement 2006 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:		
Category/Type 011		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Northern Lights PAC</b>		<b>Transaction ID:</b> 12037272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1537 Shipsview Road		Amount of Each Disbursement this Period 1000.00
City Annapolis State MD Zip Code 21401	011 Category/Type	
Purpose of Disbursement 2006 Contribution Candidate Name		2006 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Simmons For Congress</b>		<b>Transaction ID:</b> 12037282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 500.00
City Stonington State CT Zip Code 06378	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name Rep. Robert R. Simmons		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Latham For Congress</b>		<b>Transaction ID:</b> 12037287 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 2500.00
City Clarion State IA Zip Code 50525	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name Rep. Thomas P. Latham		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Hatch Election Committee Inc</b>		<b>Transaction ID:</b> 12037276 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Contribution		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Sen. Orrin G. Hatch			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VINEPAC: Victory in November Election PAC</b>		<b>Transaction ID:</b> 12037275 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 607 14th St. NW Suite 800		Amount of Each Disbursement this Period 4000.00	
City Washington State DC Zip Code 20005	2006 Contribution		
Purpose of Disbursement 2006 Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LINCPAC - Leadership in the New Century PAC</b>		<b>Transaction ID:</b> 12037269 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 818 Connecticut Ave.,NW Suite 1100		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20006	2006 Contribution		
Purpose of Disbursement 2006 Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Scott Garrett For Congress</b>		<b>Transaction ID: 12037286</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 905		Amount of Each Disbursement this Period 500.00
City Newton State NJ Zip Code 07860	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Battle Born PAC</b>		<b>Transaction ID: 12037267</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		011 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Brian Bilbray For Congress</b>		<b>Transaction ID: 12037284</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 1307 9th St		Amount of Each Disbursement this Period 2500.00
City Imperial Beach State CA Zip Code 91932	Contribution	
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		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Re-Elect Brian Bilbray For Congress</b>		<b>Transaction ID:</b> 12037285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 1307 9th St		Amount of Each Disbursement this Period 2500.00
City Imperial Beach State CA Zip Code 91932	Contribution	
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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

Full Name (Last, First, Middle Initial) <b>B. Cantor For Congress</b>		<b>Transaction ID:</b> 12035010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 23226	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Cantor For Congress</b>		<b>Transaction ID:</b> 12035011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 23226	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Lucille Roybal-Allard For Congress

Mailing Address P.O. Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lucille Roybal-Allard

Office Sought:  House  
 Senate  
 President

State: CA District: 34

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 12035008

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Thomas R. Carper

Office Sought:  House  
 Senate  
 President

State: DE District: 2

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 12035006

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street  
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Nancy Pelosi

Office Sought:  House  
 Senate  
 President

State: CA District: 8

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 12035007

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

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

6500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Lot Of People For Dave Obey</b>		Transaction ID: 12055924 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 525 Washington St PO Box 1322		Amount of Each Disbursement this Period 2000.00
City Wausau State WI Zip Code 54402	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. David R. Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Pete Sessions For Congress 2006</b>		Transaction ID: 12055925 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1000.00
City Dallas State TX Zip Code 75238	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Jo Ann Davis For Congress</b>		Transaction ID: 12055926 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address Post Office Box 1834		Amount of Each Disbursement this Period 1000.00
City Yorktown State VA Zip Code 23692	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann S. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends For Jim Mcdermott</b>		<b>Transaction ID:</b> 12055954 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 21786		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98111	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jim McDermott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 7		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Team Emerson For Jo Ann Emerson</b>		<b>Transaction ID:</b> 12055950 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 822 P.O. Box 822		Amount of Each Disbursement this Period 1000.00
City Cape Girardeau State MO Zip Code 63702	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. People For Patty Murray U S Senate Campaign</b>		<b>Transaction ID:</b> 12055953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address PO Box 3662		Amount of Each Disbursement this Period 1500.00
City Seattle State WA Zip Code 98124	2010 Contribution	
Purpose of Disbursement 2010 Contribution Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Dog PAC</b>		Transaction ID: 12055922 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Joe Wilson For Congress Committee</b>		Transaction ID: 12055952 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address Post Office Box 2145		Amount of Each Disbursement this Period 1000.00
City West Columbia State SC Zip Code 29171	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Joe Wilson		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. PhilPAC: Prosperity Helps Inspire Liberty</b>		Transaction ID: 12055923 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 26366		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22313	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. ROYB - Rely on Your Beliefs Fund</b>		<b>Transaction ID:</b> 12142927 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 1300 Pennsylvania Avenue, NW Suite 700		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20004	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Spratt For Congress Committee</b>		<b>Transaction ID:</b> 12142929 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John M. Spratt, Jr.		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Walsh For Congress Committee</b>		<b>Transaction ID:</b> 12142938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 306 Winkworth Parkway		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13215	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James T. Walsh		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Pryce For Congress</b>		<b>Transaction ID:</b> 12142936 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1500.00 Contribution
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Rep. Deborah Pryce Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

Full Name (Last, First, Middle Initial) <b>B. Pryce For Congress</b>		<b>Transaction ID:</b> 12142937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1500.00 Contribution
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Rep. Deborah Pryce Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

Full Name (Last, First, Middle Initial) <b>C. Steve Israel For Congress Committee</b>		<b>Transaction ID:</b> 12142945 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 500.00 Contribution
City Deer Park State NY Zip Code 11729		
Purpose of Disbursement Contribution Candidate Name Rep. Steve J. Israel Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ed Royce For Congress</b>		<b>Transaction ID:</b> 12142931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 250.00 Contribution
City Orange State CA Zip Code 92859	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Edward R. Royce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Maloney For Congress</b>		<b>Transaction ID:</b> 12142941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 49 East 92nd Street		Amount of Each Disbursement this Period 1000.00 Contribution
City New York State NY Zip Code 10128	011 Category/ Type	
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Frelinghuysen For Congress</b>		<b>Transaction ID:</b> 12142932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 19 Cattano Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Morristown State NJ Zip Code 07960	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Rodney P. Frelinghuysen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Sue Kelly For Congress</b>		Transaction ID: 12142939 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006	
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00	
City Katonah	State NY	Zip Code 10536	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Sue W. Kelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 19			

Full Name (Last, First, Middle Initial) <b>B. Boozman For Congress</b>		Transaction ID: 12142930 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006	
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00	
City Rogers	State AR	Zip Code 72757	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. John N. Boozman			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 3			

Full Name (Last, First, Middle Initial) <b>C. Preserving America's Traditions PAC (PATPAC)</b>		Transaction ID: 12142926 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006	
Mailing Address 228 South Washington Street Suite B-20		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 22314	2006 Contribution
Purpose of Disbursement 2006 Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A. KITPAC</b> Full Name (Last, First, Middle Initial) Mailing Address 147 N. Meramec Suite 100 City St. Louis State MO Zip Code 63105 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 12142928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 2006 Contribution
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<b>B. America's Foundation PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 1155 21st Street, NW Suite 300 City Washington State DC Zip Code 20036 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 12124797 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 2006 Contribution
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<b>C. Friends Of Don Sherwood</b> Full Name (Last, First, Middle Initial) Mailing Address 81 Warren Street City Tunkhannock State PA Zip Code 18657 Purpose of Disbursement Contribuiton Candidate Name Rep. Donald L. Sherwood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 12125492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 300.00 Contribuiton
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends Of Don Sherwood</b>		<b>Transaction ID:</b> 12157978 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 700.00
City Tunkhannock State PA Zip Code 18657	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Donald L. Sherwood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Pete Sessions For Congress 2006</b>		<b>Transaction ID:</b> 12125354 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1000.00
City Dallas State TX Zip Code 75238	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID:</b> 12124943 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jim M. Ramstad Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. John Lewis For Congress</b>		<b>Transaction ID:</b> 12125209 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1520 Pinehurst Drive Sw		Amount of Each Disbursement this Period 1000.00  Contribution
City Atlanta State GA Zip Code 30311		
Purpose of Disbursement Contribution Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Mchugh</b>		<b>Transaction ID:</b> 12125629 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 228 S. Washington St. Ste. 115 PO Box 70052		Amount of Each Disbursement this Period 2000.00  Contribution
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Contribution Candidate Name Rep. John M. McHugh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	119750.00