

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2005 through 05 31 2005

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

Type or Print Name of Treasurer Ms. Melinda Hatton

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		530585.12
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	349049.84									
(c) Total Receipts (from Line 19)	73842.44	297303.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	422892.28	827888.67								
7. Total Disbursements (from Line 31)	82354.06	487350.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	340538.22	340538.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38361.82	115529.79
(i) Itemized (use Schedule A)	20302.16	42342.13
(ii) Unitemized	58663.98	157871.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	5500.00
(c) Other Political Committees (such as PACs)	63663.98	163371.92
(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	10000.00	132485.00
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	538.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	178.46	908.50
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))	73842.44	297303.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73842.44	297303.55

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	304.06	1873.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	304.06	1873.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	81550.00	484850.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	40.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	540.00
29. Other Disbursements.....	0.00	87.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82354.06	487350.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	82354.06	487350.45

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)	63663.98	163371.92
34. Total Contribution Refunds (from Line 28(d))	500.00	540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63163.98	162831.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	304.06	1873.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	538.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	304.06	1335.32

**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 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Susan L. Bowar-Ferres, PhD, RN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address P.O. Box 137		Transaction ID: 11109756
City State Zip Code New Rochelle NY 10802-0137	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai Hospital	Occupation V.P. & 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. Ms. Paula A. Hindle, RN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 1123 Mistwood Lane		Transaction ID: 11109778
City State Zip Code Downers Grove IL 60515-1284	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Loyola University Medical Center	Occupation Vice President, Patient Care Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) C. Ms. Kathleen D. Sanford, RN, DBA		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 11707 Carriage Place		Transaction ID: 11109779
City State Zip Code Olalla WA 98359-9303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harrison Medical Center	Occupation Vice President, Nursing & Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	640.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Evelyn D. Quigley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 720 4th Street		Transaction ID: 11109780	
City State Zip Code Fargo ND 58122-4520	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MeritCare Medical Center	Occupation Sr. Executive - CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Joan Wessman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 1 Waxwing Cove		Transaction ID: 11109781	
City State Zip Code Greensboro NC 27455-1373	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Moses Cone Health System	Occupation Chief Nurse Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Colleen J. Goode, RN, PhD.,		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 4200 East Ninth Avenue Post Office Box A-020		Transaction ID: 11109782	
City State Zip Code Denver CO 80220-3700	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Alice Kitchen, LCSW, MPA		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 5	
Mailing Address 3725 Valentine Road		Transaction ID: 11110107	
City State Zip Code Kansas City MO 64111-3839	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Mercy Hospital	Occupation Director, Social Work & Community Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Raymond B Myers, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 15962 47th Avenue		Transaction ID: 11121068	
City State Zip Code Chippewa Falls WI 54729-1613	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Joseph's Hospital	Occupation Assistant 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) C. Mr. Steven J. Summer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 16 Shannon Place		Transaction ID: 11121178	
City State Zip Code Charleston WV 25314-2100	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer West Virginia Hospital As- sociation	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 80
	<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. J. Thomas Jones, CHE

Mailing Address 3106 N. Greystone Drive

City State Zip Code
Morgantown WV 26508-8601

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

Name of Employer West Virginia United Health System
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 11121179

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Christine R Wray

Mailing Address P O Box 527

City State Zip Code
Leonardtown MD 20650-0527

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

Name of Employer St. Mary's Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 11121991

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. James J Xinis

Mailing Address 100 Hospital Road

City State Zip Code
Prince Frederick MD 20678-9675

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

Name of Employer Calvert Memorial Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 11121992

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional) ► **1210.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Herman Baumann, III		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 568 Glen Eagles		Transaction ID: 11159431	
City State Zip Code Palatine IL 60067-4346	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Shireen Gandhi-Kozel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 2550 University Avenue W. Suite 350-S		Transaction ID: 11159532	
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Minnesota 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) C. Dr. Jeffrey P. Powell, MD.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 529 Fordsmere		Transaction ID: 11159562	
City State Zip Code Chesapeake VA 23322-4311	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Virginia Ear, Nose & Throat Sp	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 200 Clover Hill Court		Transaction ID: 11159564	
City State Zip Code Yardley PA 19067-5736		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 625.04	

Full Name (Last, First, Middle Initial) B. Ms. Margaret H. Jordan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 611 Ryan Plaza Dr Ste 900 Suite 5D		Transaction ID: 11159578	
City State Zip Code Arlington TX 76011-4008		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Health Resources		Occupation Executive Vice President, Corp. Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Jorge Bombel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 7910 W. Valley Road		Transaction ID: 11159589	
City State Zip Code Clayton WA 99110-9602		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Inland Northwest Health Services		Occupation Board Chair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Ann Errichetti, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 16 Orchard Circle		Transaction ID: 11159595	
City State Zip Code Northborough MA 01532-1305		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Advocate South Suburban Hospital		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Hank J Porten		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 575 Beech Street		Transaction ID: 11159596	
City State Zip Code Holyoke MA 01040-2223		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Holyoke Medical Center		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Kenneth A Samet		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 5565 Sterrett Place, 5th Floor		Transaction ID: 11159610	
City State Zip Code Columbia MD 21044-2665		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MedStar Health		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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Linda Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 1524 Creekside Lane		Transaction ID: 11159613	
City State Zip Code Green Bay WI 54311-7348	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Aurora BayCare Medical Center	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 12675 Riviera Heights Road		Transaction ID: 11159852	
City State Zip Code Holts Summit MO 65043-2039	Amount of Each Receipt this Period 111.12		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.48		

Full Name (Last, First, Middle Initial) C. Mr. Marc D. Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 5612 Tanner Bridge Road		Transaction ID: 11159865	
City State Zip Code Jefferson City MO 65101-8275	Amount of Each Receipt this Period 111.12		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Hospital Association	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.48		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Alan W. Brass, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 4615 Ginger Hill Rd.		Transaction ID: 11161184	
City State Zip Code Toledo OH 43623-1095	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ProMedica Health System	Occupation Chief Executive Officer and President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. John E. Callender		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 2743 Elginfield Road		Transaction ID: 11161185	
City State Zip Code Upper Arlington OH 43220-4247	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Melvin R Creeley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 425 West Fifth Street		Transaction ID: 11161187	
City State Zip Code East Liverpool OH 43920-2498	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer East Liverpool City Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Charles P Swisher, , FACHE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 2121 Hughes Drive, 4th Floor		Transaction ID: 11161189
City State Zip Code Sylvania OH 43606	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ProMedica Health System	Occupation Corporate Vice President Government Re	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Mark Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address P O Box 13367		Transaction ID: 11161559
City State Zip Code Roanoke VA 24033	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carilion Health System	Occupation Vice President Governmental Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Donald E. Lorton		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 1141 Windy Hill Road		Transaction ID: 11161561
City State Zip Code Goodview VA 24095-2909	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carilion Health System	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Rayburn Thompson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address Post Office Box 13367		Transaction ID: 11161562
City State Zip Code Roanoke VA 24033-3367	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Carilion Medical Center Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ms. Martha B. Boggs		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 140 Ferrum Drive		Transaction ID: 11161563
City State Zip Code Salem VA 24153-7118	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Carilion Health System Sr. Vice President, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. David L. Bernd		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 3068 Kline Drive		Transaction ID: 11161569
City State Zip Code Virginia Beach VA 23452-6286	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Sentara Healthcare Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Larry T. DePriest		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 2212 Arklow Road		Transaction ID: 11161570	
City State Zip Code Virginia Beach VA 23456-7743	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sentara Leigh Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mr. William Mason Moss		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 15790 Beacon Hill Place		Transaction ID: 11161571	
City State Zip Code Dumfries VA 22026-1301	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Potomac Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mr. Hugh Thornhill		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 213 S. Jefferson Street Suite 830		Transaction ID: 11161574	
City State Zip Code Roanoke VA 24011-1705	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carilion Health System	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Donna Littlepage		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 610 Broce Drive		Transaction ID: 11161576	
City Blacksburg	State VA	Amount of Each Receipt this Period 300.00	
Zip Code 24060-2802			
FEC ID number of contributing federal political committee. C			
Name of Employer Carilion Health System	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Ms. Patricia Andersen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5	
Mailing Address 4001 Innsbrook Court		Transaction ID: 11161625	
City Norman	State OK	Amount of Each Receipt this Period 250.00	
Zip Code 73072-4233			
FEC ID number of contributing federal political committee. C			
Name of Employer Oklahoma Hospital Association	Occupation VP, Finance & Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Shane Dunning		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5	
Mailing Address Post Office Box 97		Transaction ID: 11161631	
City Carnegie	State OK	Amount of Each Receipt this Period 250.00	
Zip Code 73015-0097			
FEC ID number of contributing federal political committee. C			
Name of Employer Carnegie Tri-County Municipal Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 80
	<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)
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 Occupation
St. John Medical Center 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
0 5 / 0 4 / 2 0 0 5

Transaction ID: 11161634

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lynn Horton

Mailing Address 4900 North Portland Suite 111

City State Zip Code
Oklahoma City OK 73112-6100

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

Name of Employer Occupation
Health Care Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 11161637

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Anthony Long

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4999

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

Name of Employer Occupation
INTEGRIS Health President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 11161640

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jerry G Moeller		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2005	
Mailing Address P O Box 2408		Transaction ID: 11161642	
City Stillwater	State OK	Zip Code 74076-2408	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Stillwater Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. David D Whitaker, , FACHE		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2005	
Mailing Address P O Box 1308		Transaction ID: 11161647	
City Norman	State OK	Zip Code 73070-1308	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Patrick L. Wallace, FACHE		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2005	
Mailing Address 2000 S. Palestine		Transaction ID: 11170961	
City Athens	State TX	Zip Code 75751-5610	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer East Texas Medical Center Athens	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 80
	<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)
Dr. Dan Stultz, M.D., CHE

Mailing Address PO Box 1879

City State Zip Code
San Angelo TX 76902-1879

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

Name of Employer Shannon Health System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 5

Transaction ID: 11170962

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard P. de Filippi, Ph.D.

Mailing Address 189 Upland Road

City State Zip Code
Cambridge MA 02140-3604

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

Name of Employer Cambridge Health Alliance
Occupation Trustee

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 5 / 1 9 / 2 0 0 5

Transaction ID: 11170963

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey D Selberg

Mailing Address 600 Grant Street, Suite 700

City State Zip Code
Denver CO 80203-3525

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

Name of Employer Exempla Healthcare, Inc.
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 5 / 1 9 / 2 0 0 5

Transaction ID: 11170964

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 80
	<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. Cynthia K. Smith, JD Mailing Address 560 El Dorado		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2005
City State Zip Code Lawrence KS 66047		Transaction ID: 11171015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sisters of Charity of Leavenworth Heal	Occupation Advocacy Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ms. Denise McKrow Mailing Address 4435 Slattery Road		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2005
City State Zip Code North Branch MI 48461-8821		Transaction ID: 11171016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hills and Dales General Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Kathleen Sellick Mailing Address 9542 24th Avenue NW		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2005
City State Zip Code Seattle WA 98117-2501		Transaction ID: 11171019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Washington Medical Cente	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Larry Walker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5
Mailing Address 4848 Hastings Drive		Transaction ID: 11171021
City State Zip Code Lake Oswego OR 97035-5745	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Legacy Mount Hood Medical Center	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John J. Lynch, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5
Mailing Address 4750 41st Street, NW		Transaction ID: 11171030
City State Zip Code Washington DC 20016-1700	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Washington Hospital Center	Occupation Associate Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Edward J. Quinlan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5
Mailing Address 20 River Run		Transaction ID: 11171035
City State Zip Code East Greenwich RI 02818-1502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hospital Association of Rhode Island	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Helene M. Burns, MSN, RN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5
Mailing Address 501 North Lansdowne Avenue		Transaction ID: 11174115
City State Zip Code Drexel Hill PA 19026-1187	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Delaware County Memorial Hospital	Occupation Director of 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. Ms. Shirley T. Gibson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5
Mailing Address 1001 Sam Perry Blvd.		Transaction ID: 11174116
City State Zip Code Fredericksburg VA 22401-3354	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medcorp Health System	Occupation Vice President/Nurse Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Beth Ann Taylor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5
Mailing Address 16 Dodge Place		Transaction ID: 11174117
City State Zip Code Grosse Pointe MI 48230-1939	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John D. Dingell Veterans Affairs Medic	Occupation Associate Director, Patient Care Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Philip Authier, RN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5	
Mailing Address 1002 Winchester Drive		Transaction ID: 11174118	
City State Zip Code Pierre SD 57501-3313	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lant & Associates	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Tafney Snowden		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5	
Mailing Address 8865 Lamar Avenue		Transaction ID: 11174119	
City State Zip Code Overland Park KS 66207-2022	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Overland Park Regional Medical Center	Occupation Regional Nurse Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Sr. Mary Roch Rocklage, RSM		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 5	
Mailing Address 328 North Filmore Avenue		Transaction ID: 11174858	
City State Zip Code Saint Louis MO 63122-4408	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sisters of Mercy Health System	Occupation Board Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Sean J. Hopkins		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 6180 Lower Mountain Road		Transaction ID: 11175333
City State Zip Code New Hope PA 18938-5760	Amount of Each Receipt this Period 60.83	
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation Sr. VP., Health Economics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.67	

Full Name (Last, First, Middle Initial) B. Mr. Chester B Kaletkowski		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 23 Winding Way		Transaction ID: 11175334
City State Zip Code Mullica Hill NJ 08062-2511	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Jersey Healthcare Regional Medic	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Paul A Mertz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 4 Shadowbrook Lane		Transaction ID: 11175342
City State Zip Code Basking Ridge NJ 07920-3843	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Newark Beth Israel Medical Center	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1560.83
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Audrey Meyers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5	
Mailing Address 251 Highland Avenue		Transaction ID: 11175343	
City Ridgewood	State NJ	Zip Code 07450-4003	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Barry Ostrowsky		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5	
Mailing Address 448 Harding Drive		Transaction ID: 11175345	
City South Orange	State NJ	Zip Code 07079-1319	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Barnabas Health Care System	Occupation Executive Vice President and General C		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Donna R. Pizzulli		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5	
Mailing Address 84 Steambank Drive		Transaction ID: 11175347	
City Freehold	State NJ	Zip Code 7728	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Association	Occupation Vice President, Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

SUBTOTAL of Receipts This Page (optional) ▶	1020.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Elizabeth A. Ryan, Esq.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 760 Alexander Road P. O. Box 1		Transaction ID: 11175351
City State Zip Code Princeton NJ 08540-6389	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Frank J Bartell, III		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 5901 Monclova Road		Transaction ID: 11176163
City State Zip Code Maumee OH 43537-1899	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Luke's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. William W Harding		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 659 Boulevard		Transaction ID: 11176166
City State Zip Code Dover OH 44622-2077	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Union Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Douglas W McNeill, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 437 Vincent Court		Transaction ID: 11176169	
City Middletown	State OH	Zip Code 45042-4906	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Middletown Regional Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Cathleen K Nelson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 2600 Navarre Avenue		Transaction ID: 11176170	
City Oregon	State OH	Zip Code 43616-3297	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Charles Mercy Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 12675 Riviera Heights Road		Transaction ID: 11178406	
City Holts Summit	State MO	Zip Code 65043-2039	Amount of Each Receipt this Period 111.12
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.60		

SUBTOTAL of Receipts This Page (optional)	611.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 80
	<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. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.60

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

Transaction ID: 11178419

Amount of Each Receipt this Period
111.12

B. Full Name (Last, First, Middle Initial)
Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

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

Name of Employer South Carolina Hospital Association
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 11181088

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Joe D Howell

Mailing Address 1530 North Limestone Street

City State Zip Code
Gaffney SC 29340-4742

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

Name of Employer Upstate Carolina Medical Center
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 11181089

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1361.12
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 80
	<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. John A Miller, Jr., FAC

Mailing Address 800 North Fant Street

City Anderson State SC Zip Code 29621-5793

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

Name of Employer AnMED Health Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 11181090

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen A Purves, CHE

Mailing Address 2435 Forest Drive

City Columbia State SC Zip Code 29204-2098

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

Name of Employer Sisters of Charity Providence 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
 0 5 / 2 5 / 2 0 0 5

Transaction ID: 11181091

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Doug White

Mailing Address 809 82nd Parkway

City Myrtle Beach State SC Zip Code 29572-4611

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

Name of Employer Grand Strand Regional Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 11181092

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 80
	<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. M. John Heydel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 1325 Spring Street		Transaction ID: 11181093	
City State Zip Code Greenwood SC 29646-3860	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Regional Healthcare	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Mr. Frank D Pinckney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 701 Grove Road		Transaction ID: 11181101	
City State Zip Code Greenville SC 29605-4211	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greenville Hospital 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		

C. Full Name (Last, First, Middle Initial) Mr. Greg Rusnak		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 701 Grove Road		Transaction ID: 11181102	
City State Zip Code Greenville SC 29605-4211	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greenville Hospital System	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Bruce P Bailey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address Post Office Drawer 1718		Transaction ID: 11181108	
City State Zip Code Georgetown SC 29442-1718	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Georgetown 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. Mr. Michael L. McEachern		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 2435 Forest Drive		Transaction ID: 11181109	
City State Zip Code Columbia SC 29204-2098	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sisters of Charity Providence Hospital	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Susan C Shugart		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address P O Box 550		Transaction ID: 11181110	
City State Zip Code Manning SC 29102-0550	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Clarendon Memorial Hospital	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Philip A Clayton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address P O Box 829		Transaction ID: 11181111	
City Conway	State SC	Zip Code 29528-0829	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Conway Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Jeanne L Ward		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 298 Memorial Drive		Transaction ID: 11181112	
City Seneca	State SC	Zip Code 29672-9499	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Oconee Memorial Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Brian Riddle		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 821 North Cobb Street PO Box 690		Transaction ID: 11182780	
City Milledgeville	State GA	Zip Code 31061-2351	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gwinnett Hospital System	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Charles H Orrick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 6064 Scott Drive		Transaction ID: 11182792
City State Zip Code Donalsonville GA 39845-6132	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Donalsonville Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James L Story, , Jr., M.D		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 262 Saddlebrook Plantation		Transaction ID: 11182815
City State Zip Code Thomasville GA 31757-1762	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John D. Archbold Memorial Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert A Colvin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 2 Wylly Island Drive		Transaction ID: 11182816
City State Zip Code Savannah GA 31406-4264	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial 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	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Gary R Ulicny, , Ph.D.

Mailing Address 2020 Peachtree Road NW

City Atlanta State GA Zip Code 30309-1465

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

Name of Employer Shepherd Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 11182818

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Benjamin Underwood

Mailing Address 2104 Murren Drive

City Smyrna State GA Zip Code 30080-6520

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

Name of Employer Talbot Recovery Campus 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 5 / 2 5 / 2 0 0 5

Transaction ID: 11182819

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Carl J Schindelar

Mailing Address 9000 Franklin Square Drive

City Baltimore State MD Zip Code 21237-2998

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

Name of Employer Franklin Square Hospital Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 11184835

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Brian Brezosky		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address Post Office Box 436620		Transaction ID: 11213543	
City State Zip Code Louisville KY 40253-6620	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ms. Elizabeth G. Cobb		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 2533 Clarendon Avenue		Transaction ID: 11213544	
City State Zip Code Louisville KY 40205-3033	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	Occupation Director of Health Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Paige Franklin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 404 Kaelin Drive		Transaction ID: 11213545	
City State Zip Code Louisville KY 40207-2204	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	Occupation Vice President, Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Nancy C. Galvagni		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 7505 Pine Knoll Circle		Transaction ID: 11213546	
City Prospect	State KY	Amount of Each Receipt this Period 500.00	
Zip Code 40059-9208			
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ms. Sarah S. Nicholson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 1100 Glenbrook Road		Transaction ID: 11213547	
City Louisville	State KY	Amount of Each Receipt this Period 500.00	
Zip Code 40223-2214			
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	Occupation Vice President, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Carol Blevins Ormay		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 8518 Bronzewing Court		Transaction ID: 11213548	
City Louisville	State KY	Amount of Each Receipt this Period 500.00	
Zip Code 40299-1106			
FEC ID number of contributing federal political committee. C			
Name of Employer Kentucky Hospital Association	Occupation Vice President, Membership Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Debbie Riley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 502 Trotwood Place		Transaction ID: 11213550
City State Zip Code Louisville KY 40245-4071	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kentucky 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Nancy G. Rust		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 937 Woodland Heights Drive		Transaction ID: 11213551
City State Zip Code Louisville KY 40245-5219	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael T. Rust		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 937 Woodland Heights Drive		Transaction ID: 11213552
City State Zip Code Louisville KY 40245-5219	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kentucky Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Carol J. Walters		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address Post Office Box 436629		Transaction ID: 11213553
City State Zip Code Louisville KY 40253-6629	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kentucky 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. Mr. Arthur A Ushijima		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 1301 Punchbowl Street		Transaction ID: 11213561
City State Zip Code Honolulu HI 96813-2499	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Queen's Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Raymond L Replogle		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5
Mailing Address 1924 South Utica Avenue Suite 600		Transaction ID: 11236025
City State Zip Code Tulsa OK 74104-6503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. John Sapulpa	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Katie Vaughan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10-B Auburn Court		Transaction ID: PR1034595115026	
City State Zip Code Alexandria VA 22305-2924	Amount of Each Receipt this Period _____ 38.48		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Washingt	Occupation Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 211.64		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Ms. Melinda Reid Hatton		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR1045726215026	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 76.94		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Washingt	Occupation VP & Chief Washington Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 423.17		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 107 East Lane		Transaction ID: PR327727315026	
City State Zip Code Lake Barrington IL 60010-1939	Amount of Each Receipt this Period _____ 38.47		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Chicago	Occupation Vice President, PMGs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 384.70		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 153.89
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Deborah F. Weiner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745915026	
Mailing Address 11004 Petersborough		Amount of Each Receipt this Period 90.92	
City Rockville	State MD	Zip Code 20852-3249	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Director, Grassroots Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 363.68	

Full Name (Last, First, Middle Initial) B. Mr. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858015026	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 76.94	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Executive Director, AHAPAC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.17	

Full Name (Last, First, Middle Initial) C. Mr. Richard J. Davidson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327942115026	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 95.24	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.72	

SUBTOTAL of Receipts This Page (optional) ▶	263.10
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 80
	<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. Barbara Lorschach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136915026	
Mailing Address 204 South 7th Avenue		Amount of Each Receipt this Period 90.92	
City La Grange	State IL	Zip Code 60525-6406	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice President, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.22		

B. Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224815026	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 83.34	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

C. Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224915026	
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 76.94	
City Silver Spring	State MD	Zip Code 20906	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17		

SUBTOTAL of Receipts This Page (optional) ▶	251.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 80
	<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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260915026
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 153.88
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Executive Vice President	Aggregate Year-to-Date ▼ 846.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310415026
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 76.94
City Arnold State MD Zip Code 21012-2126	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications	Aggregate Year-to-Date ▼ 423.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312715026
Mailing Address 1001 N. Potomac St.		Amount of Each Receipt this Period 76.94
City Arlington State VA Zip Code 22205-1629	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President	Aggregate Year-to-Date ▼ 423.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 80
	<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

A. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341815026
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 76.94
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot	Aggregate Year-to-Date ▼ 423.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511815026
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 41.68
City Yardley State PA Zip Code 19067-5736	FEC ID number of contributing federal political committee. C	P/R Deduction (\$47.60 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ 666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328767015026
Mailing Address 801 Pennsylvania Ave, NW #245		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20004-2615	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Federal Relations	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	198.62
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 80
	<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. W. Thomas Deweese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329215715026	
Mailing Address 500 Interstate Boulevard South		Amount of Each Receipt this Period 80.00	
City Nashville	State TN	Zip Code 37210-4634	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		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 ▼ 400.00			

B. Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475415026	
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 80.00	
City Apple Valley	State MN	Zip Code 55124-9229	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		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 ▼ 400.00			

C. Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330524815026	
Mailing Address 195 Oxford Court		Amount of Each Receipt this Period 76.94	
City Alamo	State CA	Zip Code 94507-1753	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer American Hospital Association-Chicago	
Occupation Senior Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 423.17			

SUBTOTAL of Receipts This Page (optional)	236.94
TOTAL This Period (last page this line number only)	38361.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 47 / 80	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Citibank, F.S.B.	
Mailing Address 1400 G Street, NW	
City Washington	State DC
Zip Code 20005	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 908.50

Date of Receipt MM / DD / YYYY 05 / 31 / 2005
Transaction ID: 11226795
Amount of Each Receipt this Period 178.46
Bank Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	178.46
TOTAL This Period (last page this line number only)	▶	178.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 80	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	5

Transaction ID: 11235981

Amount of Each Receipt this Period
10000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 80	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Triad Hospitals Good Government Fund

Mailing Address 5800 Tennyson Pkwy.

City State Zip Code
Plano TX 75024

FEC ID number of contributing federal political committee. **C** C00347062

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 11249373

Amount of Each Receipt this Period
5000.00

Refunded 6/20/05

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 80

<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)		Transaction ID: 11226881																					
A. Merchant Bankcard		Date of Disbursement																					
Mailing Address 1601 Elm Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	5														
City Dallas	State TX	Zip Code 75201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	215.61																				
Candidate Name		Category/ Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:	Bank Fees																					

Full Name (Last, First, Middle Initial)		Transaction ID: 11226878																					
B. Citibank, F.S.B.		Date of Disbursement																					
Mailing Address 1400 G Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	8		2	0	0	5														
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		001	46.98																				
Candidate Name		Category/ Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:	Bank Fees																					

SUBTOTAL of Disbursements This Page (optional) ►

262.59

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

262.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Sandhills PAC		Transaction ID: 11171945 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address 818 Connecticut Ave., NW, Suite 10		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006	011 Category/ Type	
Purpose of Disbursement 2005 Contribution		2005 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:		

Full Name (Last, First, Middle Initial) B. Stabenow For Us Senate		Transaction ID: 11171990 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00
City East Lansing State MI Zip Code 48826	011 Category/ Type	
Purpose of Disbursement Contribution		Contribution
Candidate Name Sen. Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 2		

Full Name (Last, First, Middle Initial) C. Gordon Smith for U.S. Senate		Transaction ID: 11171949 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address 5285 SW Meadows Road, Suite 181		Amount of Each Disbursement this Period 1000.00
City Lake Oswego State OR Zip Code 97035	011 Category/ Type	
Purpose of Disbursement 2008 Contribution		2008 Contribution
Candidate Name Sen. Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 2		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Murtha For Congress Committee		Transaction ID: 11171983 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address Suite 220 551 Main Street Bt Financial Plaza Suite 220		Amount of Each Disbursement this Period 1000.00
City Johnstown State PA Zip Code 15901	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John P. Murtha		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mike McIntyre For Congress		Transaction ID: 11171978 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 1000.00
City Lumberton State NC Zip Code 28359	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC 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) C. Nathan Deal For Congress		Transaction ID: 11171971 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nathan Deal		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Rosa Delauro		Transaction ID: 11171954 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address 49 Huntington Street		Amount of Each Disbursement this Period 1000.00
City New Haven State CT Zip Code 06511	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Rosa L. DeLauro		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Enzi For Us Senate		Transaction ID: 11240924 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address PO Box 2775		Amount of Each Disbursement this Period 1000.00
City Cody State WY Zip Code 82414	2008 Contribution	
Purpose of Disbursement 2008 Contribution		011 Category/ Type
Candidate Name Sen. Michael B. Enzi		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard E Neal For Congress Committee		Transaction ID: 11171964 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period 1000.00
City Springfield State MA Zip Code 01108	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Richard E. Neal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 80

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Nadler For Congress		Transaction ID: 11171969 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 2000.00 Contribution
City New York State NY Zip Code 10014	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jerrold L. Nadler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boswell For Congress		Transaction ID: 11171957 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00 Contribution
City Des Moines State IA Zip Code 50309	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joe Wilson For Congress Committee		Transaction ID: 11171975 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address Post Office Box 2145		Amount of Each Disbursement this Period 1000.00 Contribution
City West Columbia State SC Zip Code 29171	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Joe Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 80

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Boozman For Congress		Transaction ID: 11171967 Date of Disbursement 05 / 09 / 2005
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1500.00
City Rogers State AR Zip Code 72757	Purpose of Disbursement Contribution 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 State: AR District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. PhilPAC: Prosperity Helps Inspire Liberty		Transaction ID: 11171943 Date of Disbursement 05 / 09 / 2005
Mailing Address P.O. Box 26366		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22313	Purpose of Disbursement 2005 Contribution Contribution 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) ▼	2005 Contribution

Full Name (Last, First, Middle Initial) C. Cole For Congress		Transaction ID: 11171962 Date of Disbursement 05 / 09 / 2005
Mailing Address P.O. Box 722256		Amount of Each Disbursement this Period 1000.00
City Norman State OK Zip Code 73070	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. White Mountain PAC		Transaction ID: 11171946 Date of Disbursement 05 / 09 / 2005
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 1000.00
City Concord State NH Zip Code 03302	Purpose of Disbursement 2005 Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2005 Contribution

Full Name (Last, First, Middle Initial) B. CARE PAC		Transaction ID: 11171944 Date of Disbursement 05 / 09 / 2005
Mailing Address 228 South Washington St. Suite 340		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 2005 Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2005 Contribution

Full Name (Last, First, Middle Initial) C. Friends Of George Allen		Transaction ID: 11171948 Date of Disbursement 05 / 09 / 2005
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement Contribution Candidate Name Sen. George F. Allen	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Sue Kelly For Congress		Transaction ID: 11172006 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1500.00
City Katonah	State NY	
Zip Code 10536		Contribution
Purpose of Disbursement Contribution		
Candidate Name Rep. Sue W. Kelly		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) B. Bob Filner For Congress		Transaction ID: 11172052 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1500.00
City San Diego	State CA	
Zip Code 92112		Contribution
Purpose of Disbursement Contribution		
Candidate Name Rep. Bob Filner		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 51		

Full Name (Last, First, Middle Initial) C. Moore For Congress		Transaction ID: 11172043 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission	State KS	
Zip Code 66285		Contribution
Purpose of Disbursement Contribution		
Candidate Name Rep. Dennis Moore		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 3		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Chet Edwards For Congress		Transaction ID: 11172030 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00 Contribution
City Waco State TX Zip Code 76702	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Chet Edwards		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boswell For Congress		Transaction ID: 11172028 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00 Contribution
City Des Moines State IA Zip Code 50309	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matheson For Congress		Transaction ID: 11172039 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00 Contribution
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. James D. Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Majority Initiative-Keep Electing Republicans		Transaction ID: 11171998 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 65796		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20035	2005 Contribution	
Purpose of Disbursement 2005 Contribution Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melissa Bean For Congress		Transaction ID: 11172013 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Melissa L. Bean		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northstar Leadership PAC		Transaction ID: 11172002 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5
Mailing Address PO Box 4365		Amount of Each Disbursement this Period 3000.00
City St. Paul State MN Zip Code 55104	2005 Contribution	
Purpose of Disbursement 2005 Contribution Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Republican Majority Fund		Transaction ID: 11173069 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 1550		Amount of Each Disbursement this Period 1500.00
City Ponca City	State OK	
Zip Code 74602		2005 Contribution
Purpose of Disbursement 2005 Contribution		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Frelinghuysen For Congress		Transaction ID: 11173078 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 5
Mailing Address 19 Cattano Avenue		Amount of Each Disbursement this Period 1000.00
City Morristown	State NJ	
Zip Code 07960		Contribution
Purpose of Disbursement Contribution		
Candidate Name Rep. Rodney P. Frelinghuysen		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 11		

Full Name (Last, First, Middle Initial) C. Mcconnell Senate Committee '08		Transaction ID: 11173075 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 5
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 1000.00
City Louisville	State KY	
Zip Code 40201		2008 Contribution
Purpose of Disbursement 2008 Contribution		
Candidate Name Sen. Mitch McConnell		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 2		

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hooley For Congress		Transaction ID: 11173077 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 5
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1000.00
City Salem State OR Zip Code 97308	Purpose of Disbursement Contribution Contribution	
Candidate Name Rep. Darlene Hooley		Contribution
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: OR District: 5		

Full Name (Last, First, Middle Initial) B. People With Hart Inc		Transaction ID: 11173076 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090	Purpose of Disbursement Contribution Contribution	
Candidate Name Rep. Melissa A. Hart		Contribution
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: PA District: 4		

Full Name (Last, First, Middle Initial) C. White Mountain PAC		Transaction ID: 11173066 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 2000.00
City Concord State NH Zip Code 03302	Purpose of Disbursement 2005 Contribution 2005 Contribution	
Candidate Name		2005 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Wisconsin Leadership PAC		Transaction ID: 11173072 Date of Disbursement 05 / 16 / 2005
Mailing Address 1667 K Street, NW Suite 700		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20006	2005 Contribution	
Purpose of Disbursement 2005 Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Zach Wamp		Transaction ID: 11172537 Date of Disbursement 05 / 18 / 2005
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200		Amount of Each Disbursement this Period 2000.00
City Chattanooga State TN Zip Code 37422	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Zach Wamp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pickering For Congress		Transaction ID: 11172730 Date of Disbursement 05 / 18 / 2005
Mailing Address P.O. Box 4297		Amount of Each Disbursement this Period 1000.00
City Brandon State MS Zip Code 39047	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Charles W. Pickering, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Akaka In 2006		Transaction ID: 11172161 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address C/O 904 Nana Honua Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Honolulu State HI Zip Code 96825	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Daniel Kahikina Akaka		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI 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. Friends Of Hillary		Transaction ID: 11172996 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 500.00 Contribution
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Hillary Rodham Clinton		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jo Ann Davis For Congress Inc.		Transaction ID: 11172986 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address PO Box 1834		Amount of Each Disbursement this Period 1500.00 Contribution
City Yorktown State VA Zip Code 23692	011 Category/ Type	
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) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Sue Myrick For Congress		Transaction ID: 11172921 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00 Contribution
City Charlotte State NC Zip Code 28237	Purpose of Disbursement Contribution Candidate Name Rep. Sue Wilkins Myrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Boyd For Congress		Transaction ID: 11173005 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 2000.00 Contribution
City Tallahassee State FL Zip Code 32317	Purpose of Disbursement Contribution Candidate Name Rep. Allen Boyd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Norm Dicks For Congress		Transaction ID: 11172990 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address PO Box 1663		Amount of Each Disbursement this Period 1000.00 Contribution
City Tacoma State WA Zip Code 98401	Purpose of Disbursement Contribution Candidate Name Rep. Norman D. Dicks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 6 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Tammy Baldwin For Congress		Transaction ID: 11172331 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address P O Box 696		Amount of Each Disbursement this Period 1000.00 Contribution
City Madison State WI Zip Code 53701	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Rep. Tammy Baldwin		
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: WI District: 2		

Full Name (Last, First, Middle Initial) B. Boswell For Congress		Transaction ID: 11172983 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 2500.00 Contribution
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Rep. Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 3		

Full Name (Last, First, Middle Initial) C. Forbes For Congress		Transaction ID: 11172987 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address PO Box 15100		Amount of Each Disbursement this Period 1000.00 Contribution
City Chesapeake State VA Zip Code 23328	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Rep. J. Randy Forbes		
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: VA District: 4		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Craig Thomas		Transaction ID: 11237710 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 2780 Olive Dr		Amount of Each Disbursement this Period 1000.00 Contribution
City Cheyenne State WY Zip Code 82001		
Purpose of Disbursement Contribution Candidate Name Sen. Craig Thomas Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 1	011 Category/Type	

Full Name (Last, First, Middle Initial) B. Glacier PAC		Transaction ID: 11184568 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 818 Connecticut Ave., NW Suite 1100		Amount of Each Disbursement this Period 5000.00 2005 Contribution
City Washington State DC Zip Code 20006		
Purpose of Disbursement 2005 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:	011 Category/Type	

Full Name (Last, First, Middle Initial) C. John T. Doolittle For Congress		Transaction ID: 11184898 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 2150 River Plaza Dr. #150		Amount of Each Disbursement this Period 50.00 Contribution
City Sacramento State CA Zip Code 95833		
Purpose of Disbursement Contribution Candidate Name Rep. John T. Doolittle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 4	011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	6050.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Cummings For Congress Campaign Committee		Transaction ID: 11184901 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address PO Box 1631		Amount of Each Disbursement this Period 500.00
City Baltimore State MD Zip Code 21203	Contribution	
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) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Pete King For Congress Committee		Transaction ID: 11184904 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period 1000.00
City Seaford State NY Zip Code 11783	Contribution	
Purpose of Disbursement Contribution 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Nita Lowey For Congress		Transaction ID: 11184899 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address PO Box 271		Amount of Each Disbursement this Period 1000.00
City White Plains State NY Zip Code 10605	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hoosiers Supporting Buyer For Congress		Transaction ID: 11184900 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 1000.00 Contribution
City Monticello State IN Zip Code 47960		
Purpose of Disbursement Contribution Candidate Name Rep. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 4	011 Category/Type	

Full Name (Last, First, Middle Initial) B. Citizens For Harkin		Transaction ID: 11184894 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00 2008 Contribution
City Des Moines State IA Zip Code 50304		
Purpose of Disbursement 2008 Contribution Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 2	011 Category/Type	

Full Name (Last, First, Middle Initial) C. Engel For Congress		Transaction ID: 11215557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00 Contribution
City Bronxville State NY Zip Code 10708		
Purpose of Disbursement Contribution Candidate Name Rep. Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 17	011 Category/Type	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. DAKPAC		Transaction ID: 11184893 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 607 14th St., NW Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	2005 Contribution	
Purpose of Disbursement 2005 Contribution Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Candice Miller For Congress		Transaction ID: 11184902 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address PO Box 182152		Amount of Each Disbursement this Period 500.00
City Shelby Township State MI Zip Code 48318	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Candice S. Miller		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI 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) C. Friends Of Rahm Emanuel		Transaction ID: 11184897 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60610	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Rahm Emanuel		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Heartland Values PAC		Transaction ID: 11184877 Date of Disbursement 05 / 23 / 2005
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement 2005 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2005 Contribution

Full Name (Last, First, Middle Initial) B. Lincoln Chafee for U.S. Senate		Transaction ID: 11183080 Date of Disbursement 05 / 24 / 2005
Mailing Address Po Box 7329		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02887	Purpose of Disbursement Contribution Candidate Name Sen. Lincoln Chafee Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) C. Mary Bono Committee		Transaction ID: 11184564 Date of Disbursement 05 / 24 / 2005
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 2000.00
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement Contribution Candidate Name Rep. Mary Bono Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Rush Holt For Congress		Transaction ID: 11184566 Date of Disbursement 05 / 24 / 2005
Mailing Address PO Box 782		Amount of Each Disbursement this Period 500.00
City Pennington	State NJ Zip Code 08534	
Purpose of Disbursement Contribution		Contribution
Candidate Name Rep. Rush D. Holt		
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: NJ District: 12		

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Transaction ID: 11183082 Date of Disbursement 05 / 24 / 2005
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00
City Lewiston	State ME Zip Code 04240	
Purpose of Disbursement Contribution		Contribution
Candidate Name Rep. Michael H. Michaud		
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: ME District: 2		

Full Name (Last, First, Middle Initial) C. CBC PAC: Congressional Black Caucus PAC		Transaction ID: 11247509 Date of Disbursement 05 / 24 / 2005
Mailing Address 509 C Street NE		Amount of Each Disbursement this Period -1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Void of 2/17/04 Contribution		Void of 2/17/04 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:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Charlie Dent For Congress		Transaction ID: 11183189 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00 Contribution
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles W. Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charlie Dent For Congress		Transaction ID: 11183401 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00 Contribution
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles W. Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Salazar For Congress		Transaction ID: 11183081 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00 Contribution
City Pueblo State CO Zip Code 81002	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John T. Salazar		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven R. Rothman

Office Sought: House
 Senate
 President
State: NJ District: 9

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 11220933

Date of Disbursement

05 / 27 / 2005

Amount of Each Disbursement this Period

500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
Contribution

Candidate Name
Rep. Pete Sessions

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 11220941

Date of Disbursement

05 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
American Success Political Action Committee

Mailing Address 1155 21st Street, NW
Ste. 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
2005 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 11220903

Date of Disbursement

05 / 27 / 2005

Amount of Each Disbursement this Period

5000.00

2005 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Terry Everett For Congress		Transaction ID: 11220928 Date of Disbursement 05 / 27 / 2005
Mailing Address P.O. Box 1828		Amount of Each Disbursement this Period 2500.00
City Dothan State AL Zip Code 36302	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Terry Everett 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: AL District: 2		
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Chris Chocola For Congress Inc		Transaction ID: 11220902 Date of Disbursement 05 / 27 / 2005
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46660	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Chris Chocola Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 2		
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 11238219 Date of Disbursement 05 / 31 / 2005
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period -1000.00
City Richmond State VA Zip Code 23226	Void of 4/25/2005 Contrib- ution	
Purpose of Disbursement Void of 4/25/2005 Contribution Candidate Name Rep. Eric I. Cantor 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: VA District: 7		
Category/Type 011		

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

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Lucille Roybal-Allard For Congress		Transaction ID: 11221023 Date of Disbursement 05 / 31 / 2005	
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 2000.00	
City Kensington State MD Zip Code 20895	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Lucille Roybal-Allard	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Whitfield For Congress Committee		Transaction ID: 11220945 Date of Disbursement 05 / 31 / 2005	
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00	
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Candidate Name Rep. Edward Whitfield	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1			

Full Name (Last, First, Middle Initial) C. Mike Dewine For Us Senate		Transaction ID: 11220943 Date of Disbursement 05 / 31 / 2005	
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43234	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Candidate Name Sen. Mike DeWine	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1			

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Ray Lahood		Transaction ID: 11248386 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 4238 N Knoxville Ave		Amount of Each Disbursement this Period -1000.00
City Peoria State IL Zip Code 61614	Void of 4/25/2005 Contribution	
Purpose of Disbursement Void of 4/25/2005 Contribution		
Candidate Name Rep. Ray LaHood		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 18		

Full Name (Last, First, Middle Initial) B. Linder For Congress		Transaction ID: 11221155 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 2000.00
City Duluth State GA Zip Code 30096	Contribution	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Linder		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 7		

Full Name (Last, First, Middle Initial) C. Costello For Congress Committee		Transaction ID: 11238214 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address P. O. Box 8250		Amount of Each Disbursement this Period -1000.00
City Belleville State IL Zip Code 62222	Void of 3/1/2005 Contribution	
Purpose of Disbursement Void of 3/1/2005 Contribution		
Candidate Name Rep. Jerry F. Costello		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 12		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Roy Blunt		Transaction ID: 11238216 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address PO Box 50100		Amount of Each Disbursement this Period -1000.00
City Springfield State MO Zip Code 65805	Void of 3/11/2005 Contribution	
Purpose of Disbursement Void of 3/11/2005 Contribution		011 Category/Type
Candidate Name Rep. Roy Blunt		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: MO District: 7

Full Name (Last, First, Middle Initial) B. Craig For U S Senate		Transaction ID: 11220944 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 2754 802 W Bannock Suite Lp101		Amount of Each Disbursement this Period 1000.00
City Boise State ID Zip Code 83701	2008 Contribution	
Purpose of Disbursement 2008 Contribution		011 Category/Type
Candidate Name Sen. Larry E. Craig		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 1

Full Name (Last, First, Middle Initial) C. People With Hart Inc		Transaction ID: 11238213 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period -1000.00
City Wexford State PA Zip Code 15090	Void of 3/1/2005 Contribution	
Purpose of Disbursement Void of 3/1/2005 Contribution		011 Category/Type
Candidate Name Rep. Melissa A. Hart		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: PA District: 4

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hatch Election Committee Inc		Transaction ID: 11238218 Date of Disbursement 05 / 31 / 2005
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	Void of 4/18/2005 Contribution	
Purpose of Disbursement Void of 4/18/2005 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. Lincoln Davis For Congress		Transaction ID: 11238212 Date of Disbursement 05 / 31 / 2005
Mailing Address PO Box 350		Amount of Each Disbursement this Period -1000.00
City Jamestown State TN Zip Code 38556	Void of 3/1/2005 Contribution	
Purpose of Disbursement Void of 3/1/2005 Contribution		011 Category/Type
Candidate Name Rep. Lincoln Davis		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 4
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Impact America		Transaction ID: 11238215 Date of Disbursement 05 / 31 / 2005
Mailing Address 228 W. Washington St. Suite 200		Amount of Each Disbursement this Period -5000.00
City Alexandria State VA Zip Code 22314	Void of 4/25/2005 Contribution	
Purpose of Disbursement Void of 4/25/2005 Contribution		011 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. DOC PAC

Mailing Address P.O. Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement
Void of 4/18/2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 11238217

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 4/18/2005 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

81550.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Bricker & Eckler PAC

Transaction ID: 11240929

Date of Disbursement

^M 0	^M 5	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 0	^Y 5
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Mailing Address 100 South Third Street

City Columbus State OH Zip Code

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund

010
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Refund

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00
