

FEC  
FORM 3XREPORT 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 PRINTExample: 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

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORTNEW  
(N)

OR

X

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)

X

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

09

01

2005

through

09

30

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 Halton

Signature of Treasurer

Electronically Filed by Ms. Melinda Halton

Date

02

06

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.

Office  
Use  
OnlyFEC FORM 3X  
(Rev. 02/2003)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

09 01 2005

To:

09 30 2005

|                                                                                                           | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 2005                                                                     |                         | 530585.12                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                | 426097.87               |                                   |
| (c) Total Receipts (from Line 19) .....                                                                   | 367162.88               | 968164.75                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 793260.75               | 1498749.87                        |
| 7. Total Disbursements (from Line 31) .....                                                               | 115436.75               | 820925.87                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 677824.00               | 677824.00                         |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

### For further information contact:

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: 09 01 2005 To: 09 30 2005

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 110658.47                     | 335416.37                         |
| (ii) Unitemized .....                                                                                  | 78968.38                      | 209853.79                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ..... ►                                                      | 189626.85                     | 545270.16                         |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 0.00                          | 5500.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ►  | 189626.85                     | 550770.16                         |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 177320.00                     | 414230.00                         |
| 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                          | 1000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 216.03                        | 1626.46                           |
| 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)) .....                          | 367162.88                     | 968164.75                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 367162.88                     | 968164.75                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS                                                                               | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                                   | 193.71                        | 12660.63                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►                         | 193.71                        | 12660.63                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                         | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 114743.04                     | 802068.04                         |
| 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 .....                                   | 500.00                        | 610.00                            |
| (b) Political Party Committees .....                                                            | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                             | 0.00                          | 5500.00                           |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 500.00                        | 6110.00                           |
| 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))..        | 115436.75                     | 820925.87                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 115436.75                     | 820925.87                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 189626.85                     | 550770.16                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 500.00                        | 6110.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 189126.85                     | 544660.16                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 193.71                        | 12660.83                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 538.13                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 193.71                        | 12122.70                          |

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

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

FOR LINE NUMBER: PAGE 6 / 161

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Thomas E Wilhelmson, Jr.<br>Mailing Address P O Box 2014<br>City State Zip Code<br>Nashua NH 03061-2014<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Southern New Hampshire Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11567427<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Charles Runge<br>Mailing Address 1067 Perry Court<br>City State Zip Code<br>Wauwatosa WI 53213-3158<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Froedtert Memorial Lutheran Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President<br>Aggregate Year-to-Date ▼ 250.00                         |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11567655<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Karen Profit Newman<br>Mailing Address 4000 Kresge Way<br>City State Zip Code<br>Louisville KY 40207-4678<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Baptist Hospital East<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President<br>Aggregate Year-to-Date ▼ 300.00                                      |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11561021<br>Amount of Each Receipt this Period<br>300.00 |

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: PAGE 7 / 161

(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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Dr. Andrew J Norton, M.D.<br>Mailing Address 8134 N Bay Ridge Avenue<br>City Milwaukee State WI Zip Code 53217-4325<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Froedtert Memorial Lutheran Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President Medical Affairs<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y 09 / 12 / 2005<br>Transaction ID: 11567957<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Patricia Ekdehl, R.N.<br>Mailing Address P O Box 1610<br>City Russell Springs State KY Zip Code 42642-1610<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Russell County Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 600.00                   |  | Date of Receipt<br>M / D / Y 09 / 12 / 2005<br>Transaction ID: 11561023<br>Amount of Each Receipt this Period<br>600.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ginger Figg<br>Mailing Address 3026 Poplar Level Road<br>City Louisville State KY Zip Code 40217-1301<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Norton Healthcare<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President<br>Aggregate Year-to-Date ▼ 300.00                                                     |  | Date of Receipt<br>M / D / Y 09 / 12 / 2005<br>Transaction ID: 11561048<br>Amount of Each Receipt this Period<br>300.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Thomas Clairmont<br>Mailing Address 80 Highland Street<br>City State Zip Code<br>Laconia NH 03246-3235<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Lakes Region General Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 500.00                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 12 2005<br>Transaction ID: 11567434<br>Amount of Each Receipt this Period<br>500.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Henry D Lipman<br>Mailing Address 80 Highland Street<br>City State Zip Code<br>Laconia NH 03246-3235<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Lakes Region General Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Vice President & CFO<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 12 2005<br>Transaction ID: 11567431<br>Amount of Each Receipt this Period<br>500.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Marlene J Krein<br>Mailing Address 1031 Seventh Street<br>City State Zip Code<br>Devils Lake ND 58301-2719<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Mercy Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 1000.00  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 12 2005<br>Transaction ID: 11568089<br>Amount of Each Receipt this Period<br>1000.00 |

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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



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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                  |                                                                                            |                                                |                                               |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James H Taylor                                          |                                                                                            | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005 |                                               |
| Mailing Address 530 South Jackson Street                                                                         |                                                                                            | Transaction ID: 11561060                       |                                               |
| City<br>Louisville                                                                                               | State<br>KY                                                                                | Zip Code<br>40202-1675                         | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br>C                                                  |                                                                                            |                                                |                                               |
| Name of Employer<br>University of Louisville<br>Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>1000.00 |                                                |                                               |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark J Neff                                             |                                                                                            | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005 |                                               |
| Mailing Address 222 Medical Circle                                                                               |                                                                                            | Transaction ID: 11561043                       |                                               |
| City<br>Morehead                                                                                                 | State<br>KY                                                                                | Zip Code<br>40351-1180                         | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br>C                                                  |                                                                                            |                                                |                                               |
| Name of Employer<br>St. Claire Regional Medical Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼   | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>1000.00 |                                                |                                               |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert R. Goodin                                        |                                                                                            | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005 |                                               |
| Mailing Address 3012 Lighthouse Road                                                                             |                                                                                            | Transaction ID: 11561058                       |                                               |
| City<br>Louisville                                                                                               | State<br>KY                                                                                | Zip Code<br>40222-6139                         | Amount of Each Receipt this Period<br>300.00  |
| FEC ID number of contributing federal political committee.<br>C                                                  |                                                                                            |                                                |                                               |
| Name of Employer<br>Cardiovascular Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼           | Occupation<br>Administrator/Board Member<br>Aggregate Year-to-Date ▼<br>300.00             |                                                |                                               |

SUBTOTAL of Receipts This Page (optional) ▶

2300.00

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 10 / 161

(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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James D. Jackson<br>Mailing Address Post Office Box 868<br>City State Zip Code<br>Prestonsburg KY 41653-0868<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Highlands Regional Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Information Officer<br>Aggregate Year-to-Date ▼ 300.00                          |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11561037<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Garren Colvin<br>Mailing Address 880 Havenwood Court<br>City State Zip Code<br>Villa Hills KY 41017-4017<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. Elizabeth Medical Center-Grant Cou<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President and Chief Financial Officer<br>Aggregate Year-to-Date ▼ 300.00 |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11561059<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert P Barkler<br>Mailing Address 34 Hill Road<br>City State Zip Code<br>Louisville KY 40204-1574<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer University of Louisville Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Financial Officer<br>Aggregate Year-to-Date ▼ 300.00                                     |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11561038<br>Amount of Each Receipt this Period<br>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: PAGE 11 / 161

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                              |                                                     |                                                      |                                              |
|------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Teresa Stroud       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 12 2005 |                                              |
| Mailing Address Post Office Box 35070                                        |                                                     | Transaction ID: 11561041                             |                                              |
| City<br>Louisville                                                           | State<br>KY                                         | Zip Code<br>40232-5070                               | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                                                     |                                                      |                                              |
| Name of Employer<br>Norton Healthcare                                        | Occupation<br>Associate Administrative Officer      |                                                      |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>300.00                  |                                                      |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Harry G Dorman, III |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 12 2005 |                                              |
| Mailing Address 497B Quechee-West Hartford Road                              |                                                     | Transaction ID: 11567435                             |                                              |
| City<br>White River Jct                                                      | State<br>VT                                         | Zip Code<br>05000-1                                  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                                                     |                                                      |                                              |
| Name of Employer<br>Alice Pack Day Memorial Hospital                         | Occupation<br>President and Chief Executive Officer |                                                      |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>250.00                  |                                                      |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kathryn Cook        |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 12 2005 |                                              |
| Mailing Address 85 North Grand Avenue                                        |                                                     | Transaction ID: 11561062                             |                                              |
| City<br>Fort Thomas                                                          | State<br>KY                                         | Zip Code<br>41075-1750                               | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                                                     |                                                      |                                              |
| Name of Employer<br>St. Luke Hospital East                                   | Occupation<br>Director Administrative and Corporate |                                                      |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>300.00                  |                                                      |                                              |

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

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Andrew Patterson<br>Mailing Address 80 Highland Street<br>City State Zip Code<br>Laconia NH 03246-3235<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer LRGhealthcare<br>Occupation Director, Contracting & Corp. Compliance<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00                      |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11567430<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Bruce King<br>Mailing Address 273 Country Road<br>City State Zip Code<br>New London NH 03257-5736<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer New London Hospital<br>Occupation President and Chief Executive Officer<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00                        |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11567432<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Patrick Jordan<br>Mailing Address 2014 Washington Street<br>City State Zip Code<br>Newton Lower Falls MA 02462-1699<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Newton-Wellesley Hospital<br>Occupation Senior Vice President, Administrator<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00 |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005<br>Transaction ID: 11568093<br>Amount of Each Receipt this Period<br>250.00 |

**SUBTOTAL** of Receipts This Page (optional) 750.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                        |                                                   |                                                |                                              |
|------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Paul Gardent  |                                                   | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005 |                                              |
| Mailing Address One Medical Center Drive                               |                                                   | Transaction ID: 11567433                       |                                              |
| City<br>Lebanon                                                        | State<br>NH                                       | Zip Code<br>03756-0001                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                                   |                                                |                                              |
| Name of Employer<br>Dartmouth-Hitchcock Medical Center                 | Occupation<br>Executive Vice President            |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00                |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ryan Hayes    |                                                   | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005 |                                              |
| Mailing Address 2501 Kentucky Avenue                                   |                                                   | Transaction ID: 11561028                       |                                              |
| City<br>Paducah                                                        | State<br>KY                                       | Zip Code<br>42003-3200                         | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                                   |                                                |                                              |
| Name of Employer<br>Western Baptist Hospital                           | Occupation<br>Director of Food and Nutrition      |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>300.00                |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dave Tower    |                                                   | Date of Receipt<br>M / D / Y<br>09 / 12 / 2005 |                                              |
| Mailing Address 240 South Main Street                                  |                                                   | Transaction ID: 11567428                       |                                              |
| City<br>Wolfeboro                                                      | State<br>NH                                       | Zip Code<br>03894-4455                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                                   |                                                |                                              |
| Name of Employer<br>Huggins Hospital                                   | Occupation<br>President & Chief Executive Officer |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00                |                                                |                                              |

SUBTOTAL of Receipts This Page (optional) ..... 300.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                           |                                                      |                                                          |                                              |
|---------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Kenneth Posey    |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address Post Office Box 527                                       |                                                      | Transaction ID: 11547555                                 |                                              |
| City<br>Bay Springs                                                       | State<br>MS                                          | Zip Code<br>39422-0527                                   | Amount of Each Receipt this Period<br>150.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                                      |                                                          |                                              |
| Name of Employer<br>Jasper General Hospital                               | Occupation<br>Administrator & Chief Executive Office |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>300.00                   |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kathleen C Yosko |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 28 West 171 Roosevelt Road                                |                                                      | Transaction ID: 11643030                                 |                                              |
| City<br>Wheaton                                                           | State<br>IL                                          | Zip Code<br>60187-6061                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                                      |                                                          |                                              |
| Name of Employer<br>Marianjoy Rehabilitation Hospital                     | Occupation<br>President and Chief Executive Officer  |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>250.00                   |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Pamela J. White  |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 10 Lakeside Terrace                                       |                                                      | Transaction ID: 11538695                                 |                                              |
| City<br>Westford                                                          | State<br>MA                                          | Zip Code<br>01888-1392                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                                      |                                                          |                                              |
| Name of Employer<br>Lowell General Hospital                               | Occupation<br>Executive Vice President & COO         |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>250.00                   |                                                          |                                              |

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

650.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                |                                                     |                                                |                                              |
|--------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. William C. Jackson    |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 00270 Turkey Run                                               |                                                     | Transaction ID: 11559614                       |                                              |
| City<br>Charlevoix                                                             | State<br>MI                                         | Zip Code<br>49720-9766                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>         |                                                     |                                                |                                              |
| Name of Employer<br>Charlevoix Area Hospital                                   | Occupation<br>President                             |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>250.00                  |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Harold C. Warner, Jr. |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address P O Box 668                                                    |                                                     | Transaction ID: 11544033                       |                                              |
| City<br>Prestonsburg                                                           | State<br>KY                                         | Zip Code<br>41653-0668                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>         |                                                     |                                                |                                              |
| Name of Employer<br>Highlands Regional Medical Center                          | Occupation<br>President and Chief Executive Officer |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>500.00                  |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert Vaughn         |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1839 Mt. Vernon Road                                           |                                                     | Transaction ID: 11819185                       |                                              |
| City<br>Roanoke                                                                | State<br>VA                                         | Zip Code<br>24015-2508                         | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>         |                                                     |                                                |                                              |
| Name of Employer<br>Carilion Health System                                     | Occupation<br>VP Finance                            |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>300.00                  |                                                |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Dr. Robert Sutton<br>Mailing Address 15240 Silver Parkway, #110<br>City State Zip Code<br>Fenton MI 48430-3485<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Genesys Health System<br>Occupation V.P. Academic Affairs<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00                                  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559696<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Peter W Thoren<br>Mailing Address 2720 Stone Park Boulevard<br>City State Zip Code<br>Sioux City IA 51104-3795<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. Luke's Regional Medical Center<br>Occupation President and Chief Executive Officer<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11538662<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kent Thornton<br>Mailing Address 1412 Sherwood Avenue<br>City State Zip Code<br>Roanoke VA 24015-3034<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Carilion Health System<br>Occupation Vice President, Accounting<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 300.00                                 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11584560<br>Amount of Each Receipt this Period<br>150.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... **900.00**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                               |             |                                                      |                                              |
|-------------------------------------------------------------------------------|-------------|------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joseph J. Ruth       |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005 |                                              |
| Mailing Address 427D Pebble Creek Court                                       |             | Transaction ID: 11559681                             |                                              |
| City<br>Saginaw                                                               | State<br>MI | Zip Code<br>48603-1282                               | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |             |                                                      |                                              |
| Name of Employer<br>Covenant Medical Center                                   |             | Occupation<br>VP of Network Development              |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |             | Aggregate Year-to-Date ▼<br>300.00                   |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Carol Stoll          |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005 |                                              |
| Mailing Address 763D Laurie Lane N.                                           |             | Transaction ID: 11559694                             |                                              |
| City<br>Saginaw                                                               | State<br>MI | Zip Code<br>48603-4809                               | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |             |                                                      |                                              |
| Name of Employer<br>Covenant Medical Center                                   |             | Occupation<br>Vice President, Chief Nursing Officer  |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |             | Aggregate Year-to-Date ▼<br>250.00                   |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Allen D. Tucker, Jr. |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005 |                                              |
| Mailing Address 10302 Greenbrier Drive                                        |             | Transaction ID: 11559703                             |                                              |
| City<br>Brighton                                                              | State<br>MI | Zip Code<br>48114-8568                               | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |             |                                                      |                                              |
| Name of Employer<br>Genesys Health System                                     |             | Occupation<br>Chief Operating Officer                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |             | Aggregate Year-to-Date ▼<br>250.00                   |                                              |

SUBTOTAL of Receipts This Page (optional) 300.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                         |                                      |                                                          |                                              |
|-------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dale Sanders   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1093 Jill Louise Court                                  |                                      | Transaction ID: 11559690                                 |                                              |
| City<br>Holland                                                         | State<br>MI                          | Zip Code<br>49424-5321                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      |                                                          |                                              |
| Name of Employer<br>Holland Hospital                                    | Occupation<br>Hospital Administrator |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>625.00   |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark H. Shuter |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1087 Dennison Avenue                                    |                                      | Transaction ID: 11622552                                 |                                              |
| City<br>Columbus                                                        | State<br>OH                          | Zip Code<br>43201-3496                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      |                                                          |                                              |
| Name of Employer<br>Doctors Hospital                                    | Occupation<br>President              |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>250.00   |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joseph M Tesse |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 459B5 N. Valley Drive                                   |                                      | Transaction ID: 11559699                                 |                                              |
| City<br>Northville                                                      | State<br>MI                          | Zip Code<br>48167-1781                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      |                                                          |                                              |
| Name of Employer<br>St. John Macomb Hospital                            | Occupation<br>President              |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>250.00   |                                                          |                                              |

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

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                             |                                       |                                                          |                                              |
|-----------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gerald Seager      |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 7500 Mendota Place                                          |                                       | Transaction ID: 11619195                                 |                                              |
| City<br>Springfield                                                         | State<br>VA                           | Zip Code<br>22150-4123                                   | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                       |                                                          |                                              |
| Name of Employer<br>Inova Health System                                     | Occupation<br>Chief Operating Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>300.00    |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Connie L Schroeder |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 840 West Washington Street                                  |                                       | Transaction ID: 11643026                                 |                                              |
| City<br>Pittsfield                                                          | State<br>IL                           | Zip Code<br>62363-1350                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                       |                                                          |                                              |
| Name of Employer<br>Illini Community Hospital                               | Occupation<br>Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00    |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Fredrick Gluneka   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address P O Box 5045                                                |                                       | Transaction ID: 11629226                                 |                                              |
| City<br>Sioux Falls                                                         | State<br>SD                           | Zip Code<br>57117-5045                                   | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                       |                                                          |                                              |
| Name of Employer<br>Avera McKennan Hospital and University                  | Occupation<br>Regional President      |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00    |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

675.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                   |                                                     |                                                     |                                              |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James Spaulding          |                                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address PD Box 220                                                        |                                                     | Transaction ID: 11620312                            |                                              |
| City<br>Chase City                                                                | State<br>VA                                         | Zip Code<br>23824-0220                              | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C                   |                                                     |                                                     |                                              |
| Name of Employer<br>Halifax Regional Health System                                | Occupation<br>Trustee                               |                                                     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>300.00                  |                                                     |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard A Seidler, FACHE |                                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 1825 Logan Avenue                                                 |                                                     | Transaction ID: 11639344                            |                                              |
| City<br>Waterloo                                                                  | State<br>IA                                         | Zip Code<br>50703-1916                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                   |                                                     |                                                     |                                              |
| Name of Employer<br>Allan Memorial Hospital                                       | Occupation<br>Chief Executive Officer               |                                                     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>250.00                  |                                                     |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kimberly A. Russel       |                                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 1111 Duff Avenue                                                  |                                                     | Transaction ID: 11638848                            |                                              |
| City<br>Ames                                                                      | State<br>IA                                         | Zip Code<br>50010-5793                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                   |                                                     |                                                     |                                              |
| Name of Employer<br>Mary Greeley Medical Center                                   | Occupation<br>President and Chief Executive Officer |                                                     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>500.00                  |                                                     |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mr. Douglas E Petullo</b></p> <p>Mailing Address 227 N. 3rd Street</p> <p>City State Zip Code<br/>West Branch MI 48661-1045</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>West Branch Regional Medical Center</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>Chief Executive Officer</p> <p>Aggregate Year-to-Date ▼<br/>250.00</p>  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11559673</p> <p>Amount of Each Receipt this Period<br/>250.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Mr. John Stone</b></p> <p>Mailing Address 1857 Ames Circle South</p> <p>City State Zip Code<br/>Chesapeake VA 23321</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Bon Secours-DePaul Medical Center</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>Vice President, Advocacy</p> <p>Aggregate Year-to-Date ▼<br/>300.00</p>           |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11620335</p> <p>Amount of Each Receipt this Period<br/>300.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Mr. Richard H Peterson</b></p> <p>Mailing Address 747 Broadway Avenue</p> <p>City State Zip Code<br/>Seattle WA 98122-4307</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Swedish Health Services</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>President and Chief Executive Officer</p> <p>Aggregate Year-to-Date ▼<br/>500.00</p> |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11535549</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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Use separate schedule(s)  
or each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                            |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gary V Peck<br>Mailing Address 3312 Waitts Lake Road South<br>City State Zip Code<br>Chewelah WA 99109-0197<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. Joseph's Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Administrator<br>Aggregate Year-to-Date ▼<br>250.00                 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11535835<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Frank Sardone<br>Mailing Address 805 Edgemoor Avenue<br>City State Zip Code<br>Kalamazoo MI 49008-2340<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Bronson Healthcare Group, Inc.<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive<br>Aggregate Year-to-Date ▼<br>750.00                 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11539682<br>Amount of Each Receipt this Period<br>750.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dan Sheehan<br>Mailing Address 407 South White Street<br>City State Zip Code<br>Mount Pleasant IA 52641-2262<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Henry County Health Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11538667<br>Amount of Each Receipt this Period<br>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)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                         |                                                     |                                                |                                              |
|-------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David T Ochs   |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 2500 West Reynolds                                      |                                                     | Transaction ID: 11643022                       |                                              |
| City<br>Pontiac                                                         | State<br>IL                                         | Zip Code<br>61764-2194                         | Amount of Each Receipt this Period<br>505.00 |
| FEC ID number of contributing federal political committee.<br>C         |                                                     |                                                |                                              |
| Name of Employer<br>OSF Saint James - John W. Albrecht Med              | Occupation<br>Administrator                         |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>505.00                  |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. C. James Platt |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 2206 256th Avenue                                       |                                                     | Transaction ID: 11639348                       |                                              |
| City<br>West Point                                                      | State<br>IA                                         | Zip Code<br>52656-9347                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C         |                                                     |                                                |                                              |
| Name of Employer<br>Fort Madison Community Hospital                     | Occupation<br>Chief Executive Officer               |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>250.00                  |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. David R. Page  |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 2450 Riverside Avenue                                   |                                                     | Transaction ID: 11549849                       |                                              |
| City<br>Minneapolis                                                     | State<br>MN                                         | Zip Code<br>55454-1400                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C         |                                                     |                                                |                                              |
| Name of Employer<br>Fairview Health Services                            | Occupation<br>President and Chief Executive Officer |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>500.00                  |                                                |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

1255.00

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

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Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Bradley D. Lonsberry</b><br>Mailing Address 4844 Sycamore Street<br>City State Zip Code<br>Holt MI 48842-1551<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>MHA Insurance Company<br>Occupation<br>Vice President<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>357.16                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559644<br>Amount of Each Receipt this Period<br>214.30 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Dr. Peter E. Person, MD</b><br>Mailing Address 28 South 30th Avenue E.<br>City State Zip Code<br>Duluth MN 55812-2330<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>St. Mary's Regional Health Center<br>Occupation<br>Administrator<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11629239<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Vernon L. Long</b><br>Mailing Address 3440 N.E. Kincaid<br>City State Zip Code<br>Topeka KS 66617-3620<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Stormont-Vail HealthCare<br>Occupation<br>Vice President<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11633022<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶

984.30

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or each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Keith Allen Page<br>Mailing Address 14 Brandonwood<br>City State Zip Code<br>O Fallon IL 62269-1208<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Anderson Hospital<br>Occupation<br>President and Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>270.00                         |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11643023<br>Amount of Each Receipt this Period<br>270.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. Karl E. Palmberg, MD<br>Mailing Address 1216 SW Westside Drive<br>City State Zip Code<br>Topeka KS 66615-1236<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Stormont-Vail HealthCare<br>Occupation<br>Sr. VP, CMO<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                                  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11633054<br>Amount of Each Receipt this Period<br>250.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Kurt W Matzner<br>Mailing Address 1225 North State Street<br>City State Zip Code<br>Jackson MS 39202-2084<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Mississippi Baptist Health Systems<br>Occupation<br>President and Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11545468<br>Amount of Each Receipt this Period<br>1000.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... **1520.00**

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David Laird<br>Mailing Address 211 Coralberry Road<br>City State Zip Code<br>Louisville KY 40207-5712<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Norton Healthcare<br>Occupation<br>Chief Administrative Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                                   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11544037<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert Milewski<br>Mailing Address 54638 Flamingo Drive<br>City State Zip Code<br>Shelby Township MI 48315-1363<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Mount Clemens General Hospital<br>Occupation<br>President and Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>750.00   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559656<br>Amount of Each Receipt this Period<br>750.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Eric L. Lothe<br>Mailing Address 204 N 4th Ave East<br>Post Office Box 1006<br>City State Zip Code<br>Newton IA 50208-3100<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Shifft Medical Center<br>Occupation<br>President and Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11538870<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gary W. Kirby<br>Mailing Address 204 Mill Lake Road<br>City State Zip Code<br>Huddleston VA 24104-3040<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Carilion Medical Center<br>Occupation Vice President<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 350.00                      |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11620301<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Howard P. Kern<br>Mailing Address 3064 Kline Drive<br>City State Zip Code<br>Virginia Beach VA 23452-6286<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Sentara Healthcare<br>Occupation President & Chief Operating Officer<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 300.00   |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11583093<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Mary C. Mayhew<br>Mailing Address 150 Capitol Street<br>City State Zip Code<br>Augusta ME 04330-6858<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Maine Hospital Association<br>Occupation Vice President, Government Affairs<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 500.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11540282<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David L. Marcellino<br>Mailing Address 2700 John Warren<br>City State Zip Code<br>West Bloomfield MI 48324-2139<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Botsford General Hospital<br>Occupation<br>Corporate Vice President & CFO<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559650<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Russell M Knight<br>Mailing Address 1111 3rd Street, SW<br>City State Zip Code<br>Dyersville IA 52040-1794<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Mercy Medical Center-Dubuque<br>Occupation<br>President and Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11539345<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Patrick Lambert<br>Mailing Address 54570 Coventry Lane<br>City State Zip Code<br>Shelby Township MI 48315-1620<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>POH Medical Center<br>Occupation<br>Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559633<br>Amount of Each Receipt this Period<br>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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gerald J Marquette, Jr.<br>Mailing Address 1400 West Fourth<br>City State Zip Code<br>Coffeyville KS 67337-3306<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Coffeyville Regional Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11633027<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Greg Lundstrom<br>Mailing Address 113 North Third Street<br>City State Zip Code<br>Lindsborg KS 67456-2101<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Lindsborg Community Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Administrator and Chief Executive Offi<br>Aggregate Year-to-Date ▼ 300.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11633026<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Bruce Merrill<br>Mailing Address 400 North Pleasant Avenue<br>City State Zip Code<br>Centralia IL 62801-3058<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. Mary's Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 500.00                                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11643018<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) 1300.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Paul Lerg<br>Mailing Address 350 Red Tailed Hawk<br>P.O. Box 332<br>City Grayling State MI Zip Code 49738-8787<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Mercy Hospital Grayling<br>Occupation Trustee<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00               |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559638<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Thomas S Kluge<br>Mailing Address 1042 Evergreen Trail<br>City Halifax State VA Zip Code 24558-3300<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Halifax Regional Health System<br>Occupation Chief Operating Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00   |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11583132<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Thomas D Kneiz<br>Mailing Address 7807 Deer Meadow Drive<br>City Louisville State KY Zip Code 40241-1051<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Norton Audubon Hospital<br>Occupation President and Administrator<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11544034<br>Amount of Each Receipt this Period<br>300.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David M Holcomb<br>Mailing Address Box 2C<br>City State Zip Code<br>Council Bluffs IA 51502-3002<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Jennie Edmundson Memorial Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11538981<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Marcel Loh<br>Mailing Address 500 17th Avenue<br>City State Zip Code<br>Seattle WA 98124-5711<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Swedish Medical Center-Providence Camp<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Operating Officer<br>Aggregate Year-to-Date ▼ 500.00              |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11535374<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Angeline M. Marano<br>Mailing Address 258 Olde Orchard Lane<br>City State Zip Code<br>Shelburne VT 05482-6771<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Fletcher Allen Health Care<br>Receipt For: Primary General Other (specify) ▼<br>Occupation SVP and Chief Operating Officer<br>Aggregate Year-to-Date ▼ 250.00  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11548835<br>Amount of Each Receipt this Period<br>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 32 / 161

(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael J Helseth<br>Mailing Address P O Box 3340<br>City Winchester State VA Zip Code 22604-1334<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Valley Health System<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11620325<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Shirley Holland<br>Mailing Address 161 Lila Lane<br>City Boones Mill State VA Zip Code 24065-3749<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Carilion Health System<br>Occupation Vice President<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00                      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11583107<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gary S. Kahn<br>Mailing Address 1104 5th Avenue W.<br>Post Office Box 489<br>City Newton State IA Zip Code 50208-3511<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Shifft Medical Center<br>Occupation Trustee<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11538845<br>Amount of Each Receipt this Period<br>500.00 |

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

**1100.00**

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

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(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                   |                                                 |                                                |                                              |
|-----------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert H. Kin            |                                                 | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 401 Stoneham Road                                                 |                                                 | Transaction ID: 11559627                       |                                              |
| City<br>Saginaw                                                                   | State<br>MI                                     | Zip Code<br>48603-6224                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>            |                                                 |                                                |                                              |
| Name of Employer<br>Covenant Medical Center                                       | Occupation<br>Vice President, Clinical Services |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>250.00              |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Kenneth H Kozloff, FACHE |                                                 | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 898B Meadowforest Ct.                                             |                                                 | Transaction ID: 11583096                       |                                              |
| City<br>Springfield                                                               | State<br>VA                                     | Zip Code<br>22151-3323                         | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>            |                                                 |                                                |                                              |
| Name of Employer<br>Inova Alexandria Hospital                                     | Occupation<br>Vice President                    |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>300.00              |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Granville Jennings       |                                                 | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 42 Fisher Road                                                    |                                                 | Transaction ID: 11544879                       |                                              |
| City<br>Holden                                                                    | State<br>ME                                     | Zip Code<br>04429-7218                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>            |                                                 |                                                |                                              |
| Name of Employer<br>St. Joseph Hospital                                           | Occupation<br>Trustee                           |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                              | Aggregate Year-to-Date ▼<br>250.00              |                                                |                                              |

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Howard A. Peters, III<br>Mailing Address 4100 Southwoods Road<br>City Springfield State IL Zip Code 62707-6070<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Illinois Hospital Association<br>Occupation Senior Vice President<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 437.50 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11644035<br>Amount of Each Receipt this Period<br>437.50 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. G Douglas Higginbotham<br>Mailing Address 42 Northgate Drive<br>City Laurel State MS Zip Code 39440-2119<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer South Central Regional Medical Center<br>Occupation Executive Director<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11647571<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. John D Harman<br>Mailing Address 4001 Dutchmans Lane<br>City Louisville State KY Zip Code 40207-4799<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Norton Suburban Hospital<br>Occupation President and Administrator<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11644032<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) 937.50

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  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|-----------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jerry L. Fournier  |                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 28809 Oak Point Drive                                       |                                        | Transaction ID: 11559594                                 |                                              |
| City<br>Farmington Hills                                                    | State<br>MI                            | Zip Code<br>48331-2711                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                        |                                                          |                                              |
| Name of Employer<br>HDS Services                                            | Occupation<br>Executive Vice President |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00     |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard C. Helgren |                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 8300 S. St. Clair Road                                      |                                        | Transaction ID: 11559607                                 |                                              |
| City<br>Saint Johns                                                         | State<br>MI                            | Zip Code<br>48873-8144                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                        |                                                          |                                              |
| Name of Employer<br>MHA Insurance Company                                   | Occupation<br>Exec. VP & COO           |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>500.00     |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ned B. Hughes, Jr. |                                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 6233 W. Pat Street                                          |                                        | Transaction ID: 11559612                                 |                                              |
| City<br>Fremont                                                             | State<br>MI                            | Zip Code<br>48412-7788                                   | Amount of Each Receipt this Period<br>750.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                        |                                                          |                                              |
| Name of Employer<br>Gerber Memorial Health Services                         | Occupation<br>President                |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>750.00     |                                                          |                                              |

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  
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FOR LINE NUMBER: PAGE 36 / 161

(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Floyd Hester<br>Mailing Address 759 S. Main Street<br>PO Box 508<br>City State Zip Code<br>Woodstock VA 22664-1127<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Shenandoah Memorial Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 300.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11583088<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Georgia Fajlszek<br>Mailing Address 5325 Browns Lake Rd.<br>City State Zip Code<br>Jackson MI 49203-5802<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Foote Health System<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 750.00      |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559593<br>Amount of Each Receipt this Period<br>750.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard Halpple<br>Mailing Address P.O. Box 807<br>City State Zip Code<br>Bloomfield Hills MI 48303-0807<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer ACS Healthcare<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior VP & M.D.<br>Aggregate Year-to-Date ▼ 500.00                                |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559809<br>Amount of Each Receipt this Period<br>500.00 |

**SUBTOTAL** of Receipts This Page (optional) **1550.00**

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

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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dwight Gescho<br>Mailing Address 9325 Point Charity Drive<br>City Pigeon State MI Zip Code 48755-9767<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Scheurer Hospital<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00        |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559599<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Norma R Haganow<br>Mailing Address 8103 Hawkcrest Drive<br>City Grand Blanc State MI Zip Code 48439-2430<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Genasys Health System<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559605<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark E. Gronda<br>Mailing Address 2109 Durham Drive<br>City Saginaw State MI Zip Code 48609-9231<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Covenant Medical Center<br>Occupation Vice President, CFO<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                         |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559604<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                             |                                                                    |                                                |                                              |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael Dudley     |                                                                    | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 4417 Corporation Lane                                       |                                                                    | Transaction ID: 11583131                       |                                              |
| City<br>Virginia Beach                                                      | State<br>VA                                                        | Zip Code<br>23462-3162                         | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                                                    |                                                |                                              |
| Name of Employer<br>Sentara Healthcare                                      | Occupation<br>President                                            |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>300.00                                 |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Douglas J. Eighmey |                                                                    | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 4120 Lilac Vista Drive                                      |                                                                    | Transaction ID: 11544028                       |                                              |
| City<br>Louisville                                                          | State<br>KY                                                        | Zip Code<br>40241-4138                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                                                    |                                                |                                              |
| Name of Employer<br>Norton Hospital                                         | Occupation<br>Hospital Administrator                               |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00                                 |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. James A. Cherveny  |                                                                    | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address St. Mary's Medical Center<br>407 E. Third St.               |                                                                    | Transaction ID: 11629241                       |                                              |
| City<br>Duluth                                                              | State<br>MN                                                        | Zip Code<br>55805-1584                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                                                    |                                                |                                              |
| Name of Employer<br>St. Mary's Medical Center                               | Occupation<br>Executive Vice President and Chief Operating Officer |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00                                 |                                                |                                              |

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                        |                                                                           |                                                |                                              |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><u>Ms. Kathleen A. Dickenson</u>                  |                                                                           | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address <u>287B Morena Drive</u>                                                               |                                                                           | Transaction ID: <u>11559755</u>                |                                              |
| City <u>Lansing</u>                                                                                    | State <u>MI</u>                                                           | Zip Code <u>48811-6460</u>                     | Amount of Each Receipt this Period<br>214.29 |
| FEC ID number of contributing federal political committee. <b>C</b>                                    |                                                                           |                                                |                                              |
| Name of Employer<br><u>WHA Service Corporation</u>                                                     | Occupation<br><u>Senior Vice President</u>                                |                                                |                                              |
| Receipt For:<br>Primary <input type="checkbox"/> General <input type="checkbox"/><br>Other (specify) ▼ | Aggregate Year-to-Date ▼<br>214.29                                        |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><u>Mr. Robert Casale</u>                          |                                                                           | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address <u>28482 Glenwood Drive</u>                                                            |                                                                           | Transaction ID: <u>11559746</u>                |                                              |
| City <u>Novi</u>                                                                                       | State <u>MI</u>                                                           | Zip Code <u>48374-2140</u>                     | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                    |                                                                           |                                                |                                              |
| Name of Employer<br><u>Providence Hospital and Medical Center</u>                                      | Occupation<br><u>President</u>                                            |                                                |                                              |
| Receipt For:<br>Primary <input type="checkbox"/> General <input type="checkbox"/><br>Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                        |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><u>Mr. Edgar J. Curtis, R.N.</u>                  |                                                                           | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address <u>Memorial Medical Center</u><br><u>800 North Rutledge St.</u>                        |                                                                           | Transaction ID: <u>11843008</u>                |                                              |
| City <u>Springfield</u>                                                                                | State <u>IL</u>                                                           | Zip Code <u>62781-0001</u>                     | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                    |                                                                           |                                                |                                              |
| Name of Employer<br><u>Memorial Health System</u>                                                      | Occupation<br><u>Executive Vice President and Chief Operating Officer</u> |                                                |                                              |
| Receipt For:<br>Primary <input type="checkbox"/> General <input type="checkbox"/><br>Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                        |                                                |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

984.29

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

**SCHEDULE A (FEC Form 3X)**  
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mr. Jack G. Blackwell</b></p> <p>Mailing Address 520 24th Street</p> <p>City State Zip Code<br/>Ashland KY 41101-2804</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Our Lady of Bellefonte Ho-<br/>spital<br/>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>Director of Accounting<br/>Aggregate Year-to-Date ▼</p> <p>250.00</p>          |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11544024</p> <p>Amount of Each Receipt this Period<br/>250.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Mr. Leo F Childers, Jr., FAC</b></p> <p>Mailing Address 805 North 12th Street</p> <p>City State Zip Code<br/>Mount Vernon IL 62864-2839</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Good Samaritan Regional<br/>Health Center<br/>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>President<br/>Aggregate Year-to-Date ▼</p> <p>500.00</p> |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11643003</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Mr. William Greey</b></p> <p>Mailing Address 103 Powell Court, Suite 200</p> <p>City State Zip Code<br/>Brentwood TN 37027-5079</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>LifePoint Hospitals, Inc.<br/>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>Chief Operating Officer<br/>Aggregate Year-to-Date ▼</p> <p>500.00</p>           |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11547818</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |

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

1250.00

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



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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jack Cleary<br>Mailing Address 1030 River Oaks Drive<br>City State Zip Code<br>Jackson MS 39232-9729<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>River Oaks Hospital<br>Occupation<br>Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                                           |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11545467<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Leo A. Bressanelli<br>Mailing Address 1227 East Rusholme Street<br>City State Zip Code<br>Davenport IA 52803-2438<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Genesis Medical Center.<br>Davenport<br>Occupation<br>President & Chief Executive Officer<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11538984<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Frank A. Butler<br>Mailing Address 437 Adair Road<br>City State Zip Code<br>Lexington KY 40538-0001<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>University of Kentucky Ho-<br>spital<br>Occupation<br>Hospital Director<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00                                 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11544042<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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or each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|----------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Nancy J Biring    |                                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 908 41st Street                                            |                                                | Transaction ID: 11535373                                 |                                              |
| City<br>Bellingham                                                         | State<br>WA                                    | Zip Code<br>98229-3168                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                |                                                          |                                              |
| Name of Employer<br>St. Joseph Hospital                                    | Occupation<br>Regional Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>250.00             |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Edward Bruff      |                                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 886 Meadow Lane                                            |                                                | Transaction ID: 11559741                                 |                                              |
| City<br>Frankenmuth                                                        | State<br>MI                                    | Zip Code<br>48734-9306                                   | Amount of Each Receipt this Period<br>350.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                |                                                          |                                              |
| Name of Employer<br>Covenant Medical Center                                | Occupation<br>Vice President                   |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>350.00             |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Roelton B. Chapin |                                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 502 East Second Street                                     |                                                | Transaction ID: 11629231                                 |                                              |
| City<br>Duluth                                                             | State<br>MN                                    | Zip Code<br>55805-1582                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                |                                                          |                                              |
| Name of Employer<br>Miller-Dwan Medical Center                             | Occupation<br>Vice President & COO             |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>500.00             |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. John J. Raleigh</b><br>Mailing Address 1141 East Warrenville Road<br>City State Zip Code<br>Naperville IL 60563-1493<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Illinois Hospital Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11644037<br>Amount of Each Receipt this Period<br>300.00 |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Tommy M. Wiman</b><br>Mailing Address 255D Flowood Drive, Suite 402<br>City State Zip Code<br>Flowood MS 39232-9303<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Health Management Associates, Inc. MS<br>Receipt For:<br>Primary General<br>Other (specify) ▼ |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11647551<br>Amount of Each Receipt this Period<br>250.00 |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Richard A. Hamilton</b><br>Mailing Address 1151 E. Warrenville Rd.<br>City State Zip Code<br>Naperville IL 60563-9339<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Illinois Hospital Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11644022<br>Amount of Each Receipt this Period<br>437.50 |  |

**SUBTOTAL** of Receipts This Page (optional) ..... **987.50**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. John T Porter<br>Mailing Address 810 West 23rd Street<br>City Yankton State SD Zip Code 57078-1202<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Avera Health<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11538975<br>Amount of Each Receipt this Period<br>125.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. John T Porter<br>Mailing Address 810 West 23rd Street<br>City Yankton State SD Zip Code 57078-1202<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Avera Health<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11629223<br>Amount of Each Receipt this Period<br>125.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Kenneth G. Robbins<br>Mailing Address 1531 Maria Court<br>City Wheaton State IL Zip Code 60187-3777<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Illinois Hospital Association<br>Occupation President<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 437.50           |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11844041<br>Amount of Each Receipt this Period<br>437.50 |

SUBTOTAL of Receipts This Page (optional) ▶

687.50

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Daniel Wakeman<br>Mailing Address P.O. Box 1078<br><br>City State Zip Code<br>Monroe MI 48161-6078<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer<br>Mercy Memorial Hospital System<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Hospital System President<br>Aggregate Year-to-Date ▼<br>250.00                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559709<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark Deaton<br>Mailing Address 740 North Hayes<br><br>City State Zip Code<br>Oak Park IL 60302-1706<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer<br>Illinois Hospital Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Sr. VP, General Counsel<br>Aggregate Year-to-Date ▼<br>291.69                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11643042<br>Amount of Each Receipt this Period<br>291.69 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. David Archer<br>Mailing Address Post Office Box 171808<br><br>City State Zip Code<br>Memphis TN 38187-1808<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer<br>Centennial Medical Center at Ashland C<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Director, Information Systems<br>Aggregate Year-to-Date ▼<br>500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11547811<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1041.69

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James Ainsworth<br>Mailing Address Post Office Box 967<br>City State Zip Code<br>Louisville MS 39339-0967<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Winston Medical Center<br>Occupation Hospital Maintenance<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11547554<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Greg E. Bollenhauer<br>Mailing Address 100 East Grand Avenue Suite 100<br>City State Zip Code<br>Des Moines IA 50309-1829<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Iowa Hospital Association<br>Occupation Sr. Vice President, Government Relations<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11539353<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Forest G Hester<br>Mailing Address Post Office Box 589<br>City State Zip Code<br>Lincoln IL 62659-0589<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Abraham Lincoln Memorial Hospital<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11843D14<br>Amount of Each Receipt this Period<br>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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                            |                                                     |                                                          |                                              |
|----------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Bruce J. Rueben   |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 4885 Pheasant Court South                                  |                                                     | Transaction ID: 11629210                                 |                                              |
| City<br>Afton                                                              | State<br>MN                                         | Zip Code<br>55001-9415                                   | Amount of Each Receipt this Period<br>269.50 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                     |                                                          |                                              |
| Name of Employer<br>Minnesota Hospital Association                         | Occupation<br>President                             |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>500.50                  |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Brian M. Connolly |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 817 Edison Blvd.                                           |                                                     | Transaction ID: 11659748                                 |                                              |
| City<br>Port Huron                                                         | State<br>MI                                         | Zip Code<br>48060-2232                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                     |                                                          |                                              |
| Name of Employer<br>Port Huron Hospital                                    | Occupation<br>President and Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>500.00                  |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joseph M Dawson   |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 907 East Lamar Alexander Pkwy                              |                                                     | Transaction ID: 11547814                                 |                                              |
| City<br>Maryville                                                          | State<br>TN                                         | Zip Code<br>37804-5018                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                     |                                                          |                                              |
| Name of Employer<br>Blount Memorial Hospital                               | Occupation<br>Administrator                         |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>500.00                  |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

1269.50

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

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Use separate schedule(s)  
or each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                  |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Randy DeGroot<br>Mailing Address 299 Western Avenue<br>City State Zip Code<br>Coldwater MI 49036-1043<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Community Health Center of Branch Coun<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00                   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559752<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Charles P Swisher, FACHE<br>Mailing Address 8761 Oak Valley Road<br>City State Zip Code<br>Holland OH 43528-9213<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>ProMedica Health System<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Corporate Vice President Government Re<br>Aggregate Year-to-Date ▼<br>500.00        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559697<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Arthur J. Spies<br>Mailing Address 100 East Grand Avenue Suite 100<br>City State Zip Code<br>Des Moines IA 50309-1829<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Iowa Hospital Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Senior Vice President, Membership Svcs<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11538644<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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



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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert P Main<br>Mailing Address One Siskin Plaza<br>City State Zip Code<br>Chattanooga TN 37403-1306<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Siskin Hospital for Physical Rehabilitation<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11547920<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. James T Paquette<br>Mailing Address 26302 W. 110th Terrace<br>City State Zip Code<br>Olathe KS 66061-8413<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Providence Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00               |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11543056<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. A. James Tinker<br>Mailing Address 2304 Hillcrest Drive, SE<br>City State Zip Code<br>Cedar Rapids IA 52403-4238<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Mercy Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00             |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11538859<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Ms. Sandra L. McIntosh</b></p> <p>Mailing Address 120B Woodland Dr. SE</p> <p>City State Zip Code<br/>Cedar Rapids IA 52403-9076</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer St. Luke's Hospital<br/>Occupation Director, Emergency Medical/Surgical<br/>Receipt For: Aggregate Year-to-Date ▼<br/>Primary General<br/>Other (specify) ▼ 375.00</p>  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11538954</p> <p>Amount of Each Receipt this Period<br/>125.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Mr. Robert R. Sellers</b></p> <p>Mailing Address 831 North Eighth Street</p> <p>City State Zip Code<br/>Missouri Valley IA 51555-1139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Alegant Health Community Memorial Hosp<br/>Occupation Administrator<br/>Receipt For: Aggregate Year-to-Date ▼<br/>Primary General<br/>Other (specify) ▼ 270.00</p> |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11538942</p> <p>Amount of Each Receipt this Period<br/>270.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Mr. J. Kirk Norris</b></p> <p>Mailing Address 5055 Upper Creek Drive</p> <p>City State Zip Code<br/>Pleasant Hill IA 50327</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Iowa Hospital Association<br/>Occupation President<br/>Receipt For: Aggregate Year-to-Date ▼<br/>Primary General<br/>Other (specify) ▼ 500.00</p>                             |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11538958</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |

SUBTOTAL of Receipts This Page (optional) 895.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                          |       |                                                     |                                                          |  |
|--------------------------------------------------------------------------|-------|-----------------------------------------------------|----------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gene E Schmidt  |       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |  |
| Mailing Address 1812 E. 24th Avenue                                      |       |                                                     | Transaction ID: 11633064                                 |  |
| City                                                                     | State | Zip Code                                            | Amount of Each Receipt this Period                       |  |
| Hutchinson                                                               | KS    | 67502-1108                                          | 250.00                                                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>      |       |                                                     |                                                          |  |
| Name of Employer<br>Hutchinson Hospital Corporation                      |       | Occupation<br>President                             |                                                          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     |       | Aggregate Year-to-Date ▼<br>250.00                  |                                                          |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Patrick F Mutch |       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |  |
| Mailing Address 7300 Van Dusen Road                                      |       |                                                     | Transaction ID: 11644888                                 |  |
| City                                                                     | State | Zip Code                                            | Amount of Each Receipt this Period                       |  |
| Laurel                                                                   | MD    | 20707-9266                                          | 250.00                                                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>      |       |                                                     |                                                          |  |
| Name of Employer<br>Laurel Regional Hospital                             |       | Occupation<br>President                             |                                                          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     |       | Aggregate Year-to-Date ▼<br>250.00                  |                                                          |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard C Braon |       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |  |
| Mailing Address 4177 Thousand Oaks Drive NE                              |       |                                                     | Transaction ID: 11659739                                 |  |
| City                                                                     | State | Zip Code                                            | Amount of Each Receipt this Period                       |  |
| Grand Rapids                                                             | MI    | 49525-9410                                          | 750.00                                                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>      |       |                                                     |                                                          |  |
| Name of Employer<br>Spectrum Health                                      |       | Occupation<br>President and Chief Executive Officer |                                                          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     |       | Aggregate Year-to-Date ▼<br>750.00                  |                                                          |  |

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  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                             |                                                     |                                                          |                                              |
|-----------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael Taylor     |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 533 Kings Grant Road                                        |                                                     | Transaction ID: 11620315                                 |                                              |
| City<br>Virginia Beach                                                      | State<br>VA                                         | Zip Code<br>23452-7051                                   | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                                     |                                                          |                                              |
| Name of Employer<br>Sentara Healthcare                                      | Occupation<br>Vice President                        |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>300.00                  |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dennis Vanderfecht |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 400 N State of Franklin                                     |                                                     | Transaction ID: 11547826                                 |                                              |
| City<br>Johnson City                                                        | State<br>TN                                         | Zip Code<br>37604-6035                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                                     |                                                          |                                              |
| Name of Employer<br>Mountain States Health Alliance                         | Occupation<br>President and Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>500.00                  |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. J. Patrick Dyson   |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address P.O. Box 51167                                              |                                                     | Transaction ID: 11559588                                 |                                              |
| City<br>Kalamazoo                                                           | State<br>MI                                         | Zip Code<br>49005-1167                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C             |                                                     |                                                          |                                              |
| Name of Employer<br>Borgess Health Alliance                                 | Occupation<br>Executive Vice President              |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00                  |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 161

(check only one)

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| <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

|                                                                           |                                                     |                                                          |                                              |
|---------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gerard Fischer   |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 5909 West Pima Court                                      |                                                     | Transaction ID: 11947095                                 |                                              |
| City<br>Spokane                                                           | State<br>WA                                         | Zip Code<br>99208-9010                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                                     |                                                          |                                              |
| Name of Employer<br>Sacred Heart Medical Center                           | Occupation<br>Vice President- Systems Development   |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>250.00                  |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. James L McMackin |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 421 South Main Street                                     |                                                     | Transaction ID: 11547023                                 |                                              |
| City<br>Crossville                                                        | State<br>TN                                         | Zip Code<br>38555-5031                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                                     |                                                          |                                              |
| Name of Employer<br>Cumberland Medical Center                             | Occupation<br>President and Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>500.00                  |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Todd C Linden    |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 210 Fourth Avenue                                         |                                                     | Transaction ID: 11539347                                 |                                              |
| City<br>Grinnell                                                          | State<br>IA                                         | Zip Code<br>50112-1888                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C           |                                                     |                                                          |                                              |
| Name of Employer<br>Grinnell Regional Medical Center                      | Occupation<br>President and Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>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

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(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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

|                                                                            |       |                                                     |                                                          |  |  |
|----------------------------------------------------------------------------|-------|-----------------------------------------------------|----------------------------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Steven R. Michaud |       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |  |  |
| Mailing Address 7 Ivanhoe Drive                                            |       |                                                     | Transaction ID: 11540261                                 |  |  |
| City                                                                       | State | Zip Code                                            | Amount of Each Receipt this Period                       |  |  |
| Topsham                                                                    | ME    | 04086-6109                                          | 500.00                                                   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>        |       |                                                     |                                                          |  |  |
| Name of Employer<br>Maine Hospital Association                             |       | Occupation<br>President                             |                                                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       |       | Aggregate Year-to-Date ▼<br>500.00                  |                                                          |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Spencer Midlow    |       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |  |  |
| Mailing Address 7 Davis                                                    |       |                                                     | Transaction ID: 11559648                                 |  |  |
| City                                                                       | State | Zip Code                                            | Amount of Each Receipt this Period                       |  |  |
| Saginaw                                                                    | MI    | 48602-1947                                          | 350.00                                                   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>        |       |                                                     |                                                          |  |  |
| Name of Employer<br>Covenant Medical Center                                |       | Occupation<br>President and Chief Executive Officer |                                                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       |       | Aggregate Year-to-Date ▼<br>350.00                  |                                                          |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. David B. Jehn     |       |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |  |  |
| Mailing Address 409 Merryman Road #214                                     |       |                                                     | Transaction ID: 11559618                                 |  |  |
| City                                                                       | State | Zip Code                                            | Amount of Each Receipt this Period                       |  |  |
| Lansing                                                                    | MI    | 48917-1011                                          | 214.50                                                   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>        |       |                                                     |                                                          |  |  |
| Name of Employer<br>MHA Insurance Company                                  |       | Occupation<br>Vice President of Marketing           |                                                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       |       | Aggregate Year-to-Date ▼<br>357.50                  |                                                          |  |  |

SUBTOTAL of Receipts This Page (optional) ▶

1084.50

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  
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(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mr. James M. Ganger</b></p> <p>Mailing Address 20 Clear Lake</p> <p>City State Zip Code<br/>Centralia IL 62801-3720</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>St. Mary's Hospital</p> <p>Occupation<br/>President and Chief Executive Officer</p> <p>Aggregate Year-to-Date ▼</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>500.00</p>             |  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11643025</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Mr. Charles L. Milburg, Jr., CHE</b></p> <p>Mailing Address 300 Pershing Avenue</p> <p>City State Zip Code<br/>Shenandoah IA 51601-2355</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Shenandoah Medical Center</p> <p>Occupation<br/>Chief Executive Officer</p> <p>Aggregate Year-to-Date ▼</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>250.00</p> |  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11638847</p> <p>Amount of Each Receipt this Period<br/>250.00</p> |  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Mr. Charles R. Miller</b></p> <p>Mailing Address P O Box 250</p> <p>City State Zip Code<br/>Sheldon IA 51201-0250</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Northwest Iowa Health Center</p> <p>Occupation<br/>Chief Executive Officer</p> <p>Aggregate Year-to-Date ▼</p> <p>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>250.00</p>                    |  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11638851</p> <p>Amount of Each Receipt this Period<br/>250.00</p> |  |

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

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(check only one)

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| <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

|                                                                                                                    |                                                                                           |                                                          |                                              |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David Seaman                                              |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 805 Ledge Moor Blvd.                                                                               |                                                                                           | Transaction ID: 11559684                                 |                                              |
| City<br>Grand Ledge                                                                                                | State<br>MI                                                                               | Zip Code<br>48837-2037                                   | Amount of Each Receipt this Period<br>750.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                             |                                                                                           |                                                          |                                              |
| Name of Employer<br>Michigan Health & Hospital Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>Executive Vice President<br>Aggregate Year-to-Date ▼<br>750.00              |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. John M. Rockwood, Jr.                                     |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 8582 S. Dunns Farm Road                                                                            |                                                                                           | Transaction ID: 11559680                                 |                                              |
| City<br>Maple City                                                                                                 | State<br>MI                                                                               | Zip Code<br>49664-8746                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                             |                                                                                           |                                                          |                                              |
| Name of Employer<br>Munson Healthcare<br>Receipt For:<br>Primary General<br>Other (specify) ▼                      | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Tommy J Smith                                             |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 4007 Kresge Way                                                                                    |                                                                                           | Transaction ID: 11544029                                 |                                              |
| City<br>Louisville                                                                                                 | State<br>KY                                                                               | Zip Code<br>40207-4677                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                             |                                                                                           |                                                          |                                              |
| Name of Employer<br>Baptist Healthcare System<br>Receipt For:<br>Primary General<br>Other (specify) ▼              | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>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  
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(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Ann C. Guild<br>Mailing Address 1151 E. Warrenville Rd.<br>PO Box 3015<br>City Naperville State IL Zip Code 60563-9339<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Illinois Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Assistant Vice President<br>Aggregate Year-to-Date ▼ 291.69  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11644020<br>Amount of Each Receipt this Period<br>291.69 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dennis W Davies<br>Mailing Address 36 Brandywine Ct.<br>City Brownsburg State IN Zip Code 46112-1076<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Hendricks Regional Health<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 250.00                                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11659831<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Dr. Paul E. LaGasse, D.O.<br>Mailing Address 6520 Commerce Road<br>City West Bloomfield State MI Zip Code 48324-2714<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Botsford General Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President & Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11659832<br>Amount of Each Receipt this Period<br>500.00 |

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

**1041.69**

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

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(check only one)

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| <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

|                                                                            |                                                     |                                                          |                                              |
|----------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Marcus G Kuhn     |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 200 Hospital Drive                                         |                                                     | Transaction ID: 11583098                                 |                                              |
| City<br>Galax                                                              | State<br>VA                                         | Zip Code<br>24333-2283                                   | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                     |                                                          |                                              |
| Name of Employer<br>Twin County Regional Hospital                          | Occupation<br>President and Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>300.00                  |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Calvin M. Pierson |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 4 Kampman Court                                            |                                                     | Transaction ID: 11545229                                 |                                              |
| City<br>Sparks                                                             | State<br>MD                                         | Zip Code<br>21152-9423                                   | Amount of Each Receipt this Period<br>650.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                     |                                                          |                                              |
| Name of Employer<br>Maryland Hospital Association                          | Occupation<br>President                             |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>650.00                  |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Wayne Hellerstedt |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address P.O. Box 280                                               |                                                     | Transaction ID: 11559808                                 |                                              |
| City<br>Curtis                                                             | State<br>MI                                         | Zip Code<br>49820-0280                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                     |                                                          |                                              |
| Name of Employer<br>Helen Newberry Joy Hospital                            | Occupation<br>Chief Executive Officer               |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>250.00                  |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                      |                                                       |                                                |                                              |
|--------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James Lee Decker            |                                                       | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 284D Wimbledon Court                                                 |                                                       | Transaction ID: 11547915                       |                                              |
| City<br>Clarksville                                                                  | State<br>TN                                           | Zip Code<br>37043-2426                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                      |                                                       |                                                |                                              |
| Name of Employer<br>Baptist Hospital of Cocke County                                 | Occupation<br>Senior Vice President and Administrator |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate Year-to-Date ▼<br>250.00                    |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Samuel T Wallace            |                                                       | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 120D Pleasant Street                                                 |                                                       | Transaction ID: 11538979                       |                                              |
| City<br>Des Moines                                                                   | State<br>IA                                           | Zip Code<br>50309-1453                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                      |                                                       |                                                |                                              |
| Name of Employer<br>Iowa Health System                                               | Occupation<br>President                               |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate Year-to-Date ▼<br>250.00                    |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Patricia Merryweather-Angel |                                                       | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1151 E. Warrenville Road<br>PO Box 3015                              |                                                       | Transaction ID: 11844032                       |                                              |
| City<br>Naperville                                                                   | State<br>IL                                           | Zip Code<br>60563-9339                         | Amount of Each Receipt this Period<br>437.50 |
| FEC ID number of contributing federal political committee.<br>C                      |                                                       |                                                |                                              |
| Name of Employer<br>Illinois Hospital Association                                    | Occupation<br>Vice President                          |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                 | Aggregate Year-to-Date ▼<br>437.50                    |                                                |                                              |

**SUBTOTAL** of Receipts This Page (optional) ..... **937.50**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gerson I Cooper<br>Mailing Address 1924 Sherwood Glen<br>City Bloomfield Hills State MI Zip Code 48302-1772<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Botsford General Hospital Occupation President<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11559749<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gail L. Warden<br>Mailing Address 250 Washington Road<br>City Grosse Pointe State MI Zip Code 48230-1614<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Henry Ford Health System Occupation President Emeritus<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11559711<br>Amount of Each Receipt this Period<br>125.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Julie S. Snipes<br>Mailing Address 77 Gloucester Court<br>City Troutville State VA Zip Code 24175-6625<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Carilion Health System Occupation Senior Vice President<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11620334<br>Amount of Each Receipt this Period<br>300.00 |

SUBTOTAL of Receipts This Page (optional) 925.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mrs. Kathleen S. Griffiths<br>Mailing Address 1235 Morehead Court<br>City Ann Arbor State MI Zip Code 48103-6180<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Chelsea Community Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00  |  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559603<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Danisa McGraw<br>Mailing Address 4435 Slattery Road<br>City North Branch State MI Zip Code 48461-8821<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Hills and Dales General Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 425.00                 |  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559655<br>Amount of Each Receipt this Period<br>175.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert Marquardt<br>Mailing Address 904 Holly Lane<br>City Ludington State MI Zip Code 49431-1509<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Memorial Medical Center of West Michig<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00 |  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559651<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) 925.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                            |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Milton Brooks<br>Mailing Address Post Office Box 591<br>City State Zip Code<br>Pineville KY 40077-0591<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Pineville Community Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President & Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11544016<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Kenneth J. Matzick<br>Mailing Address 22500 Laxon<br>City State Zip Code<br>Saint Clair Shores MI 48081-2076<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer William Beaumont Hospitals<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Vice President and CEO<br>Aggregate Year-to-Date ▼ 500.00            |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559652<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Catharine M. Crowley<br>Mailing Address 2100 Poplar Ridge Road<br>City State Zip Code<br>Pasadena MD 21122-3820<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Maryland Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Assistant Vice President<br>Aggregate Year-to-Date ▼ 600.00              |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11545228<br>Amount of Each Receipt this Period<br>600.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1600.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mr. John C. Render</b></p> <p>Mailing Address 11148 Valeside Cres.</p> <p>City State Zip Code<br/>Carmel IN 46032-9158</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Hall, Render, Killian, Heath &amp; Lyman<br/>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>Attorney<br/>Aggregate Year-to-Date ▼<br/>500.00</p>                      |  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11559678</p> <p>Amount of Each Receipt this Period<br/>500.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Mr. James F Hanko</b></p> <p>Mailing Address 3405 Riverside Dr. NE</p> <p>City State Zip Code<br/>Bemidji MN 56601-5310</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>North Country Regional Hospital<br/>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>President and Chief Executive Officer<br/>Aggregate Year-to-Date ▼<br/>333.38</p> |  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11629282</p> <p>Amount of Each Receipt this Period<br/>41.67</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Mr. Briggs W Andrews</b></p> <p>Mailing Address 3215 Grandis Road, S.W.</p> <p>City State Zip Code<br/>Roanoke VA 24018-2119</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer<br/>Carilion Health System<br/>Receipt For:<br/>Primary General<br/>Other (specify) ▼</p> <p>Occupation<br/>Senior Vice President Legal Services<br/>Aggregate Year-to-Date ▼<br/>300.00</p>      |  |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 14 2005</p> <p>Transaction ID: 11583084</p> <p>Amount of Each Receipt this Period<br/>300.00</p> |

SUBTOTAL of Receipts This Page (optional) ▶

**841.67**

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

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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 or each category of the  
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(check only one)

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                               |                                              |                                                |                                              |
|-------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Tom Tibbitts         |                                              | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 802 Kenyon Road                                               |                                              | Transaction ID: 11539349                       |                                              |
| City<br>Fort Dodge                                                            | State<br>IA                                  | Zip Code<br>50501-5740                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                              |                                                |                                              |
| Name of Employer<br>Trinity Regional Medical Center                           | Occupation<br>President                      |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>250.00           |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. H. Patrick Wellers   |                                              | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 8323 Private Line                                             |                                              | Transaction ID: 11583089                       |                                              |
| City<br>Annandale                                                             | State<br>VA                                  | Zip Code<br>22304-1594                         | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                              |                                                |                                              |
| Name of Employer<br>Inova Health System                                       | Occupation<br>Vice President, Administration |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>300.00           |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael A. Stubowski |                                              | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 43515 Vero Court                                              |                                              | Transaction ID: 11559687                       |                                              |
| City<br>Northville                                                            | State<br>MI                                  | Zip Code<br>48167-8575                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                              |                                                |                                              |
| Name of Employer<br>Trinity Health                                            | Occupation<br>Executive Vice President       |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>250.00           |                                                |                                              |

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)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                               |                                                                                           |                                                     |                                              |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jack Denton                                          |                                                                                           | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 423 Dexter Road                                                                               |                                                                                           | Transaction ID: 11559753                            |                                              |
| City<br>Eaton Rapids                                                                                          | State<br>MI                                                                               | Zip Code<br>48827-1155                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                                               |                                                                                           |                                                     |                                              |
| Name of Employer<br>Eaton Rapids Medical Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼       | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |                                                     |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Harry A Veenstra                                     |                                                                                           | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 10641 Fawn View Court                                                                         |                                                                                           | Transaction ID: 11559708                            |                                              |
| City<br>Zeeland                                                                                               | State<br>MI                                                                               | Zip Code<br>49464-6834                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                                               |                                                                                           |                                                     |                                              |
| Name of Employer<br>Zeeland Community Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼        | Occupation<br>President<br>Aggregate Year-to-Date ▼<br>250.00                             |                                                     |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Brock A Stabach                                      |                                                                                           | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address P O Box 839                                                                                   |                                                                                           | Transaction ID: 11545485                            |                                              |
| City<br>Centerville                                                                                           | State<br>MS                                                                               | Zip Code<br>39631-0639                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                                               |                                                                                           |                                                     |                                              |
| Name of Employer<br>Field Memorial Community Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>Administrator<br>Aggregate Year-to-Date ▼<br>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  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Rodger H Baker<br>Mailing Address 8886 Wellhouse Drive<br>City Warrenton State VA Zip Code 20187-9269<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Fauquier Hospital<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00       |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11620321<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. J Knox Singleton<br>Mailing Address 811D Gatehouse Road<br>City Falls Church State VA Zip Code 22042-1210<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Inova Health System<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11616200<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mrs. Karen Sawicki<br>Mailing Address 407 Tilbury Road<br>City Bloomfield Hills State MI Zip Code 48301-2742<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. John Health<br>Occupation Corporate Director, HIM<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                    |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559691<br>Amount of Each Receipt this Period<br>125.00 |

SUBTOTAL of Receipts This Page (optional) ▶

725.00

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

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Sam Watson<br>Mailing Address 124D E. Mill Street<br>City Hastings State MI Zip Code 49059-9185<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Michigan Health & Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Director, Clinical Performance<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11559716<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Susan L Hunsaker, CHE<br>Mailing Address 1801 Hickman Road<br>City Des Moines State IA Zip Code 50314-1597<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Broadlawn Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00    |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11538850<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. George Middleton, Jr.<br>Mailing Address 251D Cromwell Road<br>City Norfolk State VA Zip Code 23509-2308<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Sentara Healthcare<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 300.00                                        |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11818194<br>Amount of Each Receipt this Period<br>300.00 |

SUBTOTAL of Receipts This Page (optional) 800.00

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**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                          |                                                     |                                                          |                                              |
|--------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Brian Foster    |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1151 E. Warrenville Rd.<br>PO Box 3015                   |                                                     | Transaction ID: 11643046                                 |                                              |
| City<br>Naperville                                                       | State<br>IL                                         | Zip Code<br>60563-0339                                   | Amount of Each Receipt this Period<br>291.69 |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                                     |                                                          |                                              |
| Name of Employer<br>Illinois Hospital Association                        | Occupation<br>Vice President                        |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>291.69                  |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kimber Wraschel |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address Post Office Box 478                                      |                                                     | Transaction ID: 11647602                                 |                                              |
| City<br>Rolla                                                            | State<br>ND                                         | Zip Code<br>58367-0478                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                                     |                                                          |                                              |
| Name of Employer<br>Presentation Medical Center                          | Occupation<br>President and Chief Executive Officer |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>250.00                  |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. James G. Lewis  |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 11 Steeplechase Road                                     |                                                     | Transaction ID: 11584563                                 |                                              |
| City<br>Fredericksburg                                                   | State<br>VA                                         | Zip Code<br>22405-3312                                   | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                                     |                                                          |                                              |
| Name of Employer<br>Medicorp Health System                               | Occupation<br>Vice President of Finance             |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>300.00                  |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) ..... **841.69**

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  
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(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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

|                                                                               |                                                    |                                   |                                              |
|-------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael D Trachten   |                                                    | Date of Receipt<br>09 / 14 / 2005 |                                              |
| Mailing Address 312 Ninth Street Southwest                                    |                                                    | Transaction ID: 11539341          |                                              |
| City<br>Waverly                                                               | State<br>IA                                        | Zip Code<br>50677-2888            | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                                    |                                   |                                              |
| Name of Employer<br>Waverly Health Center                                     | Occupation<br>Chief Executive Officer              |                                   |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>250.00                 |                                   |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joseph E. Antonini   |                                                    | Date of Receipt<br>09 / 14 / 2005 |                                              |
| Mailing Address 82 Pine Gate Drive                                            |                                                    | Transaction ID: 11559727          |                                              |
| City<br>Bloomfield Hills                                                      | State<br>MI                                        | Zip Code<br>48304-2116            | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                                    |                                   |                                              |
| Name of Employer                                                              | Occupation<br>Trustee                              |                                   |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>250.00                 |                                   |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Donna Katen-Bohensky |                                                    | Date of Receipt<br>09 / 14 / 2005 |                                              |
| Mailing Address 200 Hawkins Drive                                             |                                                    | Transaction ID: 11538878          |                                              |
| City<br>Iowa City                                                             | State<br>IA                                        | Zip Code<br>52242-1007            | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C               |                                                    |                                   |                                              |
| Name of Employer<br>University of Iowa Hospitals and Clinics                  | Occupation<br>Director and Chief Executive Officer |                                   |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>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  
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(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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David Bevins<br>Mailing Address 540 Jeff Drive<br>City Jackson State KY Zip Code 41339-9622<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Kentucky River Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00               |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11544015<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. David M. Miller<br>Mailing Address Miller Dairy Sales, Ltd.<br>Route 2 Box 183<br>City Chariton State IA Zip Code 50049-9661<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Lucas County Health Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Trustee<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11538853<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ronald Gatonsky, Jr.<br>Mailing Address 1920 Atherholt Road<br>City Lynchburg State VA Zip Code 24501-1120<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Central State Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President<br>Aggregate Year-to-Date ▼ 300.00         |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11584545<br>Amount of Each Receipt this Period<br>300.00 |

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Joshua Porter<br>Mailing Address Post Office Box 4130<br>City Des Moines State IA Zip Code 50333-4130<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Acute Care, Inc.<br>Occupation Assistant Vice President<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                                        |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11629221<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Daniel McInerney, Jr.<br>Mailing Address 150 South Fifth Street Suite 2300<br>City Minneapolis State MN Zip Code 55402-4200<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Leonard, Street & Deinard, PA<br>Occupation Chair, Health Law Department<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11549861<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Lawrence J. Massa<br>Mailing Address 301 Becker Avenue SW<br>City Willmar State MN Zip Code 56201-3355<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Rice Memorial Hospital<br>Occupation Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                                  |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11549870<br>Amount of Each Receipt this Period<br>250.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... **750.00**

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Steve Fischer<br>Mailing Address Post Office Box 35070<br>City State Zip Code<br>Louisville KY 40232-5070<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Norton Healthcare<br>Occupation Budget Director<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00               |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11544012<br>Amount of Each Receipt this Period<br>150.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard B Floyd<br>Mailing Address 934 Center Street<br>City State Zip Code<br>Elgin IL 60120-2138<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Sherman Hospital<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11643009<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. George Angelidis<br>Mailing Address 6381 Sugarbush Trail<br>City State Zip Code<br>Kalamazoo MI 49009-8072<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Hospital Network Inc.<br>Occupation President<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00                |  | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005<br>Transaction ID: 11559728<br>Amount of Each Receipt this Period<br>250.00 |

**SUBTOTAL** of Receipts This Page (optional) **700.00**

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



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Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Charles J. Ghesquiere, Jr.<br>Mailing Address 1290 Orchard Ridge<br>City State Zip Code<br>Bloomfield Hills MI 48304-2645<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Beaumont Hospital - Royal Oak<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Hospital Trustee<br>Aggregate Year-to-Date ▼<br>250.00               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559600<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. John Kosanovich<br>Mailing Address 25 E. Hannum Blvd.<br>City State Zip Code<br>Saginaw MI 48602-1937<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Covenant Medical Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Vice President<br>Aggregate Year-to-Date ▼<br>300.00                                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559630<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Lynn G. Ortgen<br>Mailing Address 1937 Archers Pointe<br>City State Zip Code<br>Rochester Hills MI 48308-3215<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Crittendon Hospital Medical Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559687<br>Amount of Each Receipt this Period<br>250.00 |

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

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

**SCHEDULE A (FEC Form 3X)**  
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or each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Larry Warren<br>Mailing Address 197D Balmoral Drive<br>City State Zip Code<br>Detroit MI 48203-1439<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer University of Michigan Hospitals and H<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Director<br>Aggregate Year-to-Date ▼<br>500.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559712<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. David Erickson, M.D.<br>Mailing Address 312 East 9th Street<br>City State Zip Code<br>Dell Rapids SD 57022-1214<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Avera Health<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President Medical Affairs<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11538974<br>Amount of Each Receipt this Period<br>125.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Dr. David Erickson, M.D.<br>Mailing Address 312 East 9th Street<br>City State Zip Code<br>Dell Rapids SD 57022-1214<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Avera Health<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President Medical Affairs<br>Aggregate Year-to-Date ▼<br>375.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11629225<br>Amount of Each Receipt this Period<br>125.00 |

**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

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(check only one)

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| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                 |                                                 |                                                          |                                              |
|---------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Frank R. Brownell, III |                                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address Post Office Box 76<br>100 North 10th Street                     |                                                 | Transaction ID: 11539346                                 |                                              |
| City Montezuma                                                                  | State IA                                        | Zip Code 50171-0076                                      | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b>             |                                                 |                                                          |                                              |
| Name of Employer<br>Grinnell Regional Medical Center                            | Occupation<br>Trustee                           |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>500.00              |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Deb Fischer Clemens    |                                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 3900 West Averna Drive<br>Suite 100                             |                                                 | Transaction ID: 11538966                                 |                                              |
| City Sioux Falls                                                                | State SD                                        | Zip Code 57108-5729                                      | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee. <b>C</b>             |                                                 |                                                          |                                              |
| Name of Employer<br>Avera McKennan Hospital and University                      | Occupation<br>Director Center for Public Policy |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>250.00              |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Deb Fischer Clemens    |                                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 3900 West Averna Drive<br>Suite 100                             |                                                 | Transaction ID: 11529249                                 |                                              |
| City Sioux Falls                                                                | State SD                                        | Zip Code 57108-5729                                      | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee. <b>C</b>             |                                                 |                                                          |                                              |
| Name of Employer<br>Avera McKennan Hospital and University                      | Occupation<br>Director Center for Public Policy |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>375.00              |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) 750.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                            |                                       |                                                     |                                              |
|----------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. David L. Knocke   |                                       | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 8030 SW 36th Street                                        |                                       | Transaction ID: 11631732                            |                                              |
| City<br>Topeka                                                             | State<br>KS                           | Zip Code<br>66614-5115                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                       |                                                     |                                              |
| Name of Employer<br>Stormont-Vail HealthCare                               | Occupation<br>Senior Vice President   |                                                     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>250.00    |                                                     |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Charles L. Denton |                                       | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 960 Avent Drive                                            |                                       | Transaction ID: 11647549                            |                                              |
| City<br>Grenada                                                            | State<br>MS                           | Zip Code<br>38901-5230                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                       |                                                     |                                              |
| Name of Employer<br>Grenada Lake Medical Center                            | Occupation<br>Chief Executive Officer |                                                     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>250.00    |                                                     |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Barbara Pritchard |                                       | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2005 |                                              |
| Mailing Address 121 E. Baker Street                                        |                                       | Transaction ID: 11645468                            |                                              |
| City<br>Indianola                                                          | State<br>MS                           | Zip Code<br>38751-2498                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                       |                                                     |                                              |
| Name of Employer<br>South Sunflower County Hospital                        | Occupation<br>Assistant Administrator |                                                     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>750.00    |                                                     |                                              |

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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                  |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Andrew Mayo<br>Mailing Address 5241 Boswell Road<br>City State Zip Code<br>Memphis TN 38120-1511<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Parkwood Behavioral Health System<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 400.00                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11547574<br>Amount of Each Receipt this Period<br>150.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Ruth W Brinkley<br>Mailing Address 2525 De Sales Avenue<br>City State Zip Code<br>Chattanooga TN 37404-1102<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Memorial Health Care System<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11547913<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Sherlyn Hallstone<br>Mailing Address 355 Ridge Avenue<br>City State Zip Code<br>Evanston IL 60202-3399<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Saint Francis Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00                         |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11843012<br>Amount of Each Receipt this Period<br>500.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... **1150.00**

**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 78 / 161

(check only one)

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| <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

|                                                                                                                                      |                                                                             |                                                |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Stephen A Estes</b>                                                      |                                                                             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address P O Box 1310                                                                                                         |                                                                             | Transaction ID: 11544031                       |                                              |
| City<br>Mount Vernon                                                                                                                 | State<br>KY                                                                 | Zip Code<br>40456-1310                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                               |                                                                             |                                                |                                              |
| Name of Employer<br>Rockcastle Hospital and Respiratory Ca.<br>Receipt For:<br>Primary          General<br>Other (specify) ▼         | Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>500.00 |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Ms. Elizabeth Long</b>                                                       |                                                                             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 8316 Shady Ridge Lane                                                                                                |                                                                             | Transaction ID: 11584551                       |                                              |
| City<br>Mechanicsville                                                                                                               | State<br>VA                                                                 | Zip Code<br>23116-1803                         | Amount of Each Receipt this Period<br>150.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                               |                                                                             |                                                |                                              |
| Name of Employer<br>Virginia Hospital & Healthcare Associa-<br>tion<br>Receipt For:<br>Primary          General<br>Other (specify) ▼ | Occupation<br>Vice President<br>Aggregate Year-to-Date ▼<br>450.00          |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Ms. Nancy DeMarco</b>                                                        |                                                                             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1151 East Warrenville Road                                                                                           |                                                                             | Transaction ID: 11843043                       |                                              |
| City<br>Naperville                                                                                                                   | State<br>IL                                                                 | Zip Code<br>60563-9339                         | Amount of Each Receipt this Period<br>437.50 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                               |                                                                             |                                                |                                              |
| Name of Employer<br>Illinois Hospital Associa-<br>tion<br>Receipt For:<br>Primary          General<br>Other (specify) ▼              | Occupation<br>Director of Development<br>Aggregate Year-to-Date ▼<br>437.50 |                                                |                                              |

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

**1087.50**

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  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Charles Black, IV<br>Mailing Address 145 Newcomb Avenue<br>City State Zip Code<br>Mount Vernon KY 40456-2733<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Rockcastle Hospital and Respiratory Ca.<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Financial Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11544019<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Joan Roscoe<br>Mailing Address 1989 Cidermill Lane<br>City State Zip Code<br>Winchester VA 22601-2776<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Valley Health System<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Vice President<br>Aggregate Year-to-Date ▼<br>300.00                                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11619215<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Craig J. Broman<br>Mailing Address 1406 Sixth Avenue North<br>City State Zip Code<br>Saint Cloud MN 56303-1501<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>St. Cloud Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11629243<br>Amount of Each Receipt this Period<br>250.00 |

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)  
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                |       |                                                     |                                                |  |
|--------------------------------------------------------------------------------|-------|-----------------------------------------------------|------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Matthew G. VanVranken |       |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |  |
| Mailing Address 588B Watermark Court SE                                        |       |                                                     | Transaction ID: 11559708                       |  |
| City                                                                           | State | Zip Code                                            | Amount of Each Receipt this Period             |  |
| Grand Rapids                                                                   | MI    | 49546-6487                                          | 500.00                                         |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                                     |                                                |  |
| Name of Employer<br>Spectrum Health                                            |       | Occupation<br>President                             |                                                |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>500.00                  |                                                |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. John H Jeter, M.D.    |       |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |  |
| Mailing Address 3103 Tam O'Shanter Drive                                       |       |                                                     | Transaction ID: 11631726                       |  |
| City                                                                           | State | Zip Code                                            | Amount of Each Receipt this Period             |  |
| Hays                                                                           | KS    | 67601-1831                                          | 250.00                                         |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                                     |                                                |  |
| Name of Employer<br>Hays Medical Center                                        |       | Occupation<br>President and Chief Executive Officer |                                                |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>250.00                  |                                                |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Reese Jackson         |       |                                                     | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |  |
| Mailing Address 6161 South Yale Avenue                                         |       |                                                     | Transaction ID: 11639634                       |  |
| City                                                                           | State | Zip Code                                            | Amount of Each Receipt this Period             |  |
| Tulsa                                                                          | OK    | 74134-1562                                          | 250.00                                         |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                                     |                                                |  |
| Name of Employer<br>Laureate Psychiatric Clinic and Hospital                   |       | Occupation<br>Senior Vice President Operations      |                                                |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>250.00                  |                                                |  |

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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



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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Bruce Elkington<br>Mailing Address 2122 SW 318th St.<br>City State Zip Code<br>Federal Way WA 98023-2212<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. Clara Hospital<br>Occupation Vice President Information Technology<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11536473<br>Amount of Each Receipt this Period<br>125.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Chris Anderson<br>Mailing Address 2809 Denny Avenue<br>City State Zip Code<br>Pascagoula MS 39581-5300<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Singing River Hospital System<br>Occupation Chief Executive Officer<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11547575<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Tom Cantare<br>Mailing Address P O Box 807<br>City State Zip Code<br>Laurel MS 39441-0807<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer South Central Regional Medical Center<br>Occupation Associate Executive Director<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11547578<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) 625.00

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**ITEMIZED RECEIPTS**

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or each category of the  
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                  |                                                                    |                                                |                                              |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Mark Bower</b>       |                                                                    | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 1000 Shenandoah Avenue                                           |                                                                    | Transaction ID: 11584559                       |                                              |
| City<br>Front Royal                                                              | State<br>VA                                                        | Zip Code<br>22630-3547                         | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                                                    |                                                |                                              |
| Name of Employer<br>Valley Health System                                         | Occupation<br>Chief Financial Officer                              |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br>300.00                                 |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Richard Jeffcoat</b> |                                                                    | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address 295 Varnum Avenue                                                |                                                                    | Transaction ID: 11538697                       |                                              |
| City<br>Lowell                                                                   | State<br>MA                                                        | Zip Code<br>01854-2195                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                                                    |                                                |                                              |
| Name of Employer<br>Lowell General Hospital                                      | Occupation<br>Chief Financial Officer                              |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br>250.00                                 |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. John C. Shaehan</b>  |                                                                    | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005 |                                              |
| Mailing Address P O Box 3028                                                     |                                                                    | Transaction ID: 11538663                       |                                              |
| City<br>Cedar Rapids                                                             | State<br>IA                                                        | Zip Code<br>52408-3028                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                                                    |                                                |                                              |
| Name of Employer<br>St. Luke's Hospital                                          | Occupation<br>Executive Vice President and Chief Operating Officer |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br>250.00                                 |                                                |                                              |

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Alan Helfen<br>Mailing Address 812 Greendale Road<br>City State Zip Code<br>Glenview IL 60025-3808<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Evanston Northwestern Healthcare<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Administrator, Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11643013<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Nancy McKeague<br>Mailing Address 952 Roxburgh Avenue<br>City State Zip Code<br>East Lansing MI 48823-3131<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Michigan Health & Hospital Association<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Senior Vice President<br>Aggregate Year-to-Date ▼<br>750.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11659654<br>Amount of Each Receipt this Period<br>750.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Randy Oostra<br>Mailing Address 21 Tremore Way<br>City State Zip Code<br>Holland OH 43528-9108<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Lansing Health Alliance - Bixby Campus<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President<br>Aggregate Year-to-Date ▼<br>250.00                            |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11659668<br>Amount of Each Receipt this Period<br>125.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1125.00

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

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                 |             |                                                   |                                              |
|---------------------------------------------------------------------------------|-------------|---------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. John F. Lang           |             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005    |                                              |
| Mailing Address 3392 Hidden Ridge Drive                                         |             | Transaction ID: 11559634                          |                                              |
| City<br>Dewitt                                                                  | State<br>MI | Zip Code<br>48820-8767                            | Amount of Each Receipt this Period<br>375.00 |
| FEC ID number of contributing federal political committee.<br>C                 |             |                                                   |                                              |
| Name of Employer<br>MHA Insurance Company                                       |             | Occupation<br>Vice President, Treasurer & CFO     |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>375.00                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. David Lavin, MD.       |             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005    |                                              |
| Mailing Address 1476 Bridge Point Trail                                         |             | Transaction ID: 11620304                          |                                              |
| City<br>Suffolk                                                                 | State<br>VA | Zip Code<br>23432-1320                            | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C                 |             |                                                   |                                              |
| Name of Employer<br>Sentara Healthcare                                          |             | Occupation<br>Vice President Medical Affairs      |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>300.00                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Clinton J. Christanson |             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005    |                                              |
| Mailing Address 19898 Saint Joseph Drive                                        |             | Transaction ID: 11639352                          |                                              |
| City<br>Centerville                                                             | State<br>IA | Zip Code<br>52544-0850                            | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                 |             |                                                   |                                              |
| Name of Employer<br>Mercy Medical Center-Centerville                            |             | Occupation<br>President & Chief Executive Officer |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>250.00                |                                              |

SUBTOTAL of Receipts This Page (optional) 925.00

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**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Danny Chun<br>Mailing Address 303 North Oak Park Avenue<br>City State Zip Code<br>Oak Park IL 60302-2189<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Illinois Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President, Communications<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11643004<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Normand E Deschene<br>Mailing Address 18 Whitley Road<br>City State Zip Code<br>Groton MA 01450-2206<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Lowell General Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11638696<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. William Caron<br>Mailing Address 1195 Shore Road<br>City State Zip Code<br>Cape Elizabeth ME 04107-2112<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer MaineGeneral Medical Center-Waterville<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 250.00              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11640259<br>Amount of Each Receipt this Period<br>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  
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(check only one)

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| <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

|                                                                         |             |                                                     |                                              |
|-------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Danny Spreiter |             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005      |                                              |
| Mailing Address 8014 Cotton Gin Post Road                               |             | Transaction ID: 11547557                            |                                              |
| City<br>Amory                                                           | State<br>MS | Zip Code<br>38821                                   | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C         |             |                                                     |                                              |
| Name of Employer<br>Gilmore Memorial Hospital                           |             | Occupation<br>President and Chief Executive Officer |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    |             | Aggregate Year-to-Date ▼<br>500.00                  |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Elena Bulkus   |             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005      |                                              |
| Mailing Address 1151 E. Warrenville Road                                |             | Transaction ID: 11643036                            |                                              |
| City<br>Naperville                                                      | State<br>IL | Zip Code<br>60563-9339                              | Amount of Each Receipt this Period<br>291.69 |
| FEC ID number of contributing federal political committee.<br>C         |             |                                                     |                                              |
| Name of Employer<br>Illinois Hospital Association                       |             | Occupation<br>Vice President                        |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    |             | Aggregate Year-to-Date ▼<br>291.69                  |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Scott W Howe   |             | Date of Receipt<br>M / D / Y<br>09 / 14 / 2005      |                                              |
| Mailing Address Post Office Box 302                                     |             | Transaction ID: 11547577                            |                                              |
| City<br>Lancaster                                                       | State<br>NH | Zip Code<br>03584-0302                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C         |             |                                                     |                                              |
| Name of Employer<br>Weeks Medical Center                                |             | Occupation<br>Chief Executive Officer               |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    |             | Aggregate Year-to-Date ▼<br>250.00                  |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

1041.69

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. John Grish<br>Mailing Address 37705 Chappelle Hill Road<br>City Purcellville State VA Zip Code 20132-4007<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Inova Loudoun Hospital<br>Occupation Chief Financial Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11616212<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Jean M. Brexton<br>Mailing Address 106 Cahill Drive<br>City Alexandria State VA Zip Code 22304-6445<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Inova Health System<br>Occupation Executive Director<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11684562<br>Amount of Each Receipt this Period<br>300.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. John Fletcher<br>Mailing Address 506 Second Avenue Suite 1200<br>City Seattle State WA Zip Code 98104-2343<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Providence Health System<br>Occupation Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2005<br>Transaction ID: 11535318<br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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  
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(check only one)

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| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Karen A Weller<br>Mailing Address 189 Prouty Drive<br>City State Zip Code<br>Newport VT 05855-0820<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer North Country Hospital and Health Cent<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11548838<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Burton Farberman<br>Mailing Address 27272 W. 14 Mile Road<br>City State Zip Code<br>Franklin MI 48025-1773<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer William Beaumont Hospitals<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Hospital Trustee<br>Aggregate Year-to-Date ▼ 500.00                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11559591<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Harlan Halgiset<br>Mailing Address 9855 West 78th Street Suite 270<br>City State Zip Code<br>Eden Prairie MN 55344-8002<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer J.E. Dunn Construction Co-mpany<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 14 2005<br>Transaction ID: 11549860<br>Amount of Each Receipt this Period<br>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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                |       |                                                       |                                                      |  |
|--------------------------------------------------------------------------------|-------|-------------------------------------------------------|------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert P Wise         |       |                                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 16 2005 |  |
| Mailing Address 17 Canterbury Lane                                             |       |                                                       | Transaction ID: 11653419                             |  |
| City                                                                           | State | Zip Code                                              | Amount of Each Receipt this Period                   |  |
| Lebanon                                                                        | NJ    | 08833-3217                                            | 500.00                                               |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                                       |                                                      |  |
| Name of Employer<br>Huntron Medical Center                                     |       | Occupation<br>President and Chief Executive Officer   |                                                      |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>500.00                    |                                                      |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Valerie S. Kantrowitz |       |                                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 16 2005 |  |
| Mailing Address 82 Millers Grove Road                                          |       |                                                       | Transaction ID: 11653441                             |  |
| City                                                                           | State | Zip Code                                              | Amount of Each Receipt this Period                   |  |
| Belle Mead                                                                     | NJ    | 08502-4306                                            | 255.00                                               |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                                       |                                                      |  |
| Name of Employer<br>New Jersey Hospital Assoc-<br>iation                       |       | Occupation<br>Senior V.P., Health Planning & Research |                                                      |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>340.00                    |                                                      |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Sean J. Hopkins       |       |                                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 16 2005 |  |
| Mailing Address 6180 Lower Mountain Road                                       |       |                                                       | Transaction ID: 11653423                             |  |
| City                                                                           | State | Zip Code                                              | Amount of Each Receipt this Period                   |  |
| New Hope                                                                       | PA    | 18938-5760                                            | 30.42                                                |  |
| FEC ID number of contributing federal political committee. <b>C</b>            |       |                                                       |                                                      |  |
| Name of Employer<br>New Jersey Hospital Assoc-<br>iation                       |       | Occupation<br>Sr. VP., Health Economics               |                                                      |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           |       | Aggregate Year-to-Date ▼<br>503.35                    |                                                      |  |

SUBTOTAL of Receipts This Page (optional) ▶

785.42

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Guy P. Evans<br>Mailing Address 41 Manitta Place<br>City State Zip Code<br>Oceanport NJ 07757-1510<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer New Jersey Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President<br>Aggregate Year-to-Date ▼ 220.00                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 16 2005<br>Transaction ID: 11653414<br>Amount of Each Receipt this Period<br>10.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Donna R. Pizuli<br>Mailing Address 84 Steambank Drive<br>City State Zip Code<br>Freehold NJ 7728<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer New Jersey Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President, Information Services<br>Aggregate Year-to-Date ▼ 340.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 16 2005<br>Transaction ID: 11653351<br>Amount of Each Receipt this Period<br>10.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark B Adams<br>Mailing Address 1717 Arlington<br>City State Zip Code<br>Caldwell ID 83605-4864<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer West Valley Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 23 2005<br>Transaction ID: 11653444<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) 270.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
or each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Randall K. Segler<br>Mailing Address P O Box 128<br>City State Zip Code<br>Lawton OK 73502-0128<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Comanche County Memorial Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 23 2005<br>Transaction ID: 11639977<br>Amount of Each Receipt this Period<br>250.00                                                                                                                |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. E. Michael Nunsamer<br>Mailing Address 2220 West Iowa Avenue<br>City State Zip Code<br>Chickasha OK 73018-2700<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Grady Memorial Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 23 2005<br>Transaction ID: 11639976<br>Amount of Each Receipt this Period<br>250.00                                                                                                                |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. E. Michael Nunsamer<br>Mailing Address 2220 West Iowa Avenue<br>City State Zip Code<br>Chickasha OK 73018-2700<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Grady Memorial Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 23 2005<br>Transaction ID: 12001794<br>Amount of Each Receipt this Period<br>0.00<br><br><b>[MEMO ITEM]</b><br>Refund(s) on Schedule B<br>Totaling \$500.00 This changes the YTD Total to \$250.00 |

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. C Bruce Lawrence<br>Mailing Address 4401 South Western<br>City State Zip Code<br>Oklahoma City OK 73109-3413<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Integrus Baptist Medical Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President and Chief Operating Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 23 2005<br>Transaction ID: 11639975<br>Amount of Each Receipt this Period<br>250.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Brian K Woodliff<br>Mailing Address PO Box 1008<br>City State Zip Code<br>Tahlequah OK 74465-1008<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Tahlequah City Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00                                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 23 2005<br>Transaction ID: 11639979<br>Amount of Each Receipt this Period<br>250.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael J Pecknett<br>Mailing Address 4300 West Memorial Road<br>City State Zip Code<br>Oklahoma City OK 73120-8362<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Mercy Health Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 116399848<br>Amount of Each Receipt this Period<br>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  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                  |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Cynthia Duncan<br>Mailing Address 1115 East Jasmine<br>City State Zip Code<br>Frederick OK 73542-4020<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Memorial Hospital and Physician Group<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Director, Human Resources<br>Aggregate Year-to-Date ▼<br>250.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 11639944<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Linda Jones<br>Mailing Address 122 North 12th Street<br>City State Zip Code<br>Frederick OK 73542-5629<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Memorial Hospital and Physician Group<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Nursing Administrator<br>Aggregate Year-to-Date ▼<br>250.00    |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 11639946<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Al Allee<br>Mailing Address Post Office Box 791<br>City State Zip Code<br>Hollis OK 73550-0791<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Memorial Hospital and Physician Group<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>500.00          |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 11639943<br>Amount of Each Receipt this Period<br>200.00 |

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

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(check only one)

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Gloria Thurman<br>Mailing Address 319 East Josephine<br><br>City State Zip Code<br>Frederick OK 73542-2220<br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer Memorial Hospital and Physician Group<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Administrator<br>Aggregate Year-to-Date ▼ 250.00                                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 11639949<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Brenda Suier<br>Mailing Address 300 Elliott Avenue West Suite 300<br><br>City State Zip Code<br>Seattle WA 98119-4138<br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer Washington State Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Director, Rural & Public Health Policy<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 11634584<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Terry Smith<br>Mailing Address 2525 NW 133 Pl.<br><br>City State Zip Code<br>Portland OR 97229-4571<br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer Providence Portland Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Financial Officer<br>Aggregate Year-to-Date ▼ 250.00                                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 28 2005<br>Transaction ID: 11634377<br>Amount of Each Receipt this Period<br>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 95 / 161

(check only one)

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| <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 |
| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Fredrick Stuneka<br>Mailing Address P O Box 5045<br>City State Zip Code<br>Sioux Falls SD 57117-5045<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Avera McKennan Hospital and University<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>Regional President<br>Aggregate Year-to-Date ▼<br>500.00                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635497<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. James D M Russell<br>Mailing Address 800 East Dakota Avenue<br>City State Zip Code<br>Pierre SD 57501-3313<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>St. Mary's Healthcare Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635492<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Becky Nelson<br>Mailing Address 311 E. 28th St<br>City State Zip Code<br>Sioux Falls SD 57105-3038<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Sioux Valley Hospital University Medic<br>Receipt For:<br>Primary General<br>Other (specify) ▼<br>Occupation<br>President<br>Aggregate Year-to-Date ▼<br>250.00                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635494<br>Amount of Each Receipt this Period<br>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 96 / 161

(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                            |                                                    |                                                          |                                              |
|----------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gary V Peck       |                                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 3312 Waitts Lake Road South                                |                                                    | Transaction ID: 11634600                                 |                                              |
| City<br>Chevelah                                                           | State<br>WA                                        | Zip Code<br>99109-0197                                   | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                    |                                                          |                                              |
| Name of Employer<br>St. Joseph's Hospital                                  | Occupation<br>Administrator                        |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>375.00                 |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Danisa Mabicicani |                                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 4423 Necker Avenue                                         |                                                    | Transaction ID: 11634529                                 |                                              |
| City<br>Baltimore                                                          | State<br>MD                                        | Zip Code<br>21236-2968                                   | Amount of Each Receipt this Period<br>600.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                    |                                                          |                                              |
| Name of Employer<br>Maryland Hospital Association                          | Occupation<br>Vice President, Government Relations |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>600.00                 |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Gail G Larson     |                                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |                                              |
| Mailing Address P O Box 1147                                               |                                                    | Transaction ID: 11634604                                 |                                              |
| City<br>Everett                                                            | State<br>WA                                        | Zip Code<br>98208-1147                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                                    |                                                          |                                              |
| Name of Employer<br>Providence Everett Medical Center                      | Occupation<br>Chief Executive Officer              |                                                          |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>250.00                 |                                                          |                                              |

SUBTOTAL of Receipts This Page (optional) ▶

975.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Michael J Laird, , FACHE<br>Mailing Address 1314 Riverwoods Trail<br>City State Zip Code<br>Ste. Genevieve MO 63670-2001<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Ste. Genevieve County Memorial Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11637084<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Kelby K Krabbenhoft<br>Mailing Address 5105 South Daffodil Circle<br>City State Zip Code<br>Sioux Falls SD 57108-2304<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Sioux Valley Hospitals and Health Syst<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635500<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ronald L Jacobson<br>Mailing Address 305 South State Street<br>City State Zip Code<br>Aberdeen SD 57402-4450<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Avera St. Luke's<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00                                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635491<br>Amount of Each Receipt this Period<br>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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. John W Bluford<br>Mailing Address 2301 Holmes Street<br>City Kansas City State MO Zip Code 64108-2677<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Truman Medical Centers<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 1000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11639014<br>Amount of Each Receipt this Period<br>1000.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Patrick Chermel<br>Mailing Address 130 Division Street<br>City Derby State CT Zip Code 06418-1326<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Griffin Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00            |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11635326<br>Amount of Each Receipt this Period<br>500.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Stephanie Doughty<br>Mailing Address 2180 Crastridge Drive<br>City Fort Collins State CO Zip Code 80537<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Poudre Valley Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Financial Officer<br>Aggregate Year-to-Date ▼ 250.00              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11636429<br>Amount of Each Receipt this Period<br>250.00  |

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

1750.00

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

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                    |                                                                                           |                                                          |                                              |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James Canon                                               |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 12844 Military Road South                                                                          |                                                                                           | Transaction ID: 11634585                                 |                                              |
| City<br>Tukwila                                                                                                    | State<br>WA                                                                               | Zip Code<br>98168-3084                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                             |                                                                                           |                                                          |                                              |
| Name of Employer<br>Regional Hospital for Respiratory and<br>Receipt For:<br>Primary General<br>Other (specify) ▼  | Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>250.00               |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard Cagen                                             |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 1235 NE 47th Avenue<br>Suite 289                                                                   |                                                                                           | Transaction ID: 11634375                                 |                                              |
| City<br>Portland                                                                                                   | State<br>OR                                                                               | Zip Code<br>97228-8087                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                             |                                                                                           |                                                          |                                              |
| Name of Employer<br>Providence Health System<br>Receipt For:<br>Primary General<br>Other (specify) ▼               | Occupation<br>Chief Executive Officer-Portland Area<br>Aggregate Year-to-Date ▼<br>250.00 |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Paul R Bengtson                                           |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |                                              |
| Mailing Address P O Box 905                                                                                        |                                                                                           | Transaction ID: 11634538                                 |                                              |
| City<br>Saint Johnsbury                                                                                            | State<br>VT                                                                               | Zip Code<br>05819-9582                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                             |                                                                                           |                                                          |                                              |
| Name of Employer<br>Northeastern Vermont Regional Hospital<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>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

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| 13                                      | 14                           | 15                           | 16                          |                             |                             |                             |                             |                             |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Lowell C. Kruse, FACHE<br>Mailing Address 7300 SE 75th Road<br>City State Zip Code<br>Saint Joseph MO 64507-8073<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Heartland Regional Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 1000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11637189<br>Amount of Each Receipt this Period<br>1000.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Mary C. Becker<br>Mailing Address 7800 South Eagle Road<br>City State Zip Code<br>Columbia MO 65203-9017<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Missouri Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior VP, Commc. & Health Improvement<br>Aggregate Year-to-Date ▼ 250.00             |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11637143<br>Amount of Each Receipt this Period<br>27.76   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ron Branish<br>Mailing Address 975 E. Oxford Lane<br>City State Zip Code<br>Cherry Hills Villa CO 80110-4858<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Craig Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President & CFO<br>Aggregate Year-to-Date ▼ 250.00                                          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635803<br>Amount of Each Receipt this Period<br>250.00  |

SUBTOTAL of Receipts This Page (optional) ▶

1277.76

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 161

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                           |                                                                                                          |                                                |                                              |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. William D Petasnick</b>                                       |                                                                                                          | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 184B Hidden Reserve Court                                                                                 |                                                                                                          | Transaction ID: 11635526                       |                                              |
| City<br>Maquon                                                                                                            | State<br>WI                                                                                              | Zip Code<br>53092-5566                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                    |                                                                                                          |                                                |                                              |
| Name of Employer<br>Froedtert Memorial Lutheran Hospital<br>Receipt For:<br>Primary          General<br>Other (specify) ▼ | Occupation<br>President and Chief Executive Officer<br>Aggregate Year-to-Date ▼<br>500.00                |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Ms. Maria P Borgstrom</b>                                         |                                                                                                          | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 458 Three Mile Course                                                                                     |                                                                                                          | Transaction ID: 11635328                       |                                              |
| City<br>Guilford                                                                                                          | State<br>CT                                                                                              | Zip Code<br>06437-2539                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                    |                                                                                                          |                                                |                                              |
| Name of Employer<br>Yale-New Haven Hospital<br>Receipt For:<br>Primary          General<br>Other (specify) ▼              | Occupation<br>Executive Vice President and Chief Operating Officer<br>Aggregate Year-to-Date ▼<br>500.00 |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Gerald M. Sill, J.D.</b>                                      |                                                                                                          | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 2906 Valley View Terrace                                                                                  |                                                                                                          | Transaction ID: 11637157                       |                                              |
| City<br>Jefferson City                                                                                                    | State<br>MO                                                                                              | Zip Code<br>65109-1089                         | Amount of Each Receipt this Period<br>27.76  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                    |                                                                                                          |                                                |                                              |
| Name of Employer<br>Missouri Hospital Association<br>Receipt For:<br>Primary          General<br>Other (specify) ▼        | Occupation<br>Senior Vice President & General Counsel<br>Aggregate Year-to-Date ▼<br>250.00              |                                                |                                              |

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

**1027.76**

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Victor A Broccolino<br>Mailing Address 5755 Cedar Lane<br>City Columbia State MD Zip Code 21044-2888<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Howard County General Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 550.00    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11634533<br>Amount of Each Receipt this Period<br>300.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Russ Danielson<br>Mailing Address 1926 Aztec Court<br>City West Linn State OR Zip Code 97068-4804<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Providence St. Vincent Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President/CEO-Oregon Region<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11634374<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Paul A. Sokolowski<br>Mailing Address 12891 Eagles View Road<br>City Phoenix State MD Zip Code 21131-2312<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Maryland Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President, Finance<br>Aggregate Year-to-Date ▼ 600.00          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11634530<br>Amount of Each Receipt this Period<br>600.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
or each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Dennis O'Malley</b>               |                                       | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 3425 South Clarkson Street                                                    |                                       | Transaction ID: 11635804                       |                                              |
| City<br>Englewood                                                                             | State<br>CO                           | Zip Code<br>80113-2899                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                        |                                       |                                                |                                              |
| Name of Employer<br>Craig Hospital                                                            | Occupation<br>President               |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                          | Aggregate Year-to-Date ▼<br>250.00    |                                                |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Richard T Palmisano, II, R.N.</b> |                                       | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 159 Valley Park Drive                                                         |                                       | Transaction ID: 11634537                       |                                              |
| City<br>Spofford                                                                              | State<br>NH                           | Zip Code<br>03462-4634                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                        |                                       |                                                |                                              |
| Name of Employer<br>Brattleboro Retreat                                                       | Occupation<br>Chief Executive Officer |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                          | Aggregate Year-to-Date ▼<br>250.00    |                                                |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Paul Tucker</b>                   |                                       | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005 |                                              |
| Mailing Address 18251 Sylvester Road SW                                                       |                                       | Transaction ID: 11634582                       |                                              |
| City<br>Seattle                                                                               | State<br>WA                           | Zip Code<br>98168-3052                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                        |                                       |                                                |                                              |
| Name of Employer<br>Highline Community Hospital                                               | Occupation<br>Administrator           |                                                |                                              |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                          | Aggregate Year-to-Date ▼<br>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  
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(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Edgar L. Lawrence<br>Mailing Address 1300 Milldam Road<br>City State Zip Code<br>Towson MD 21286-1432<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Maryland Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Vice President<br>Aggregate Year-to-Date ▼ 600.00                              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11634527<br>Amount of Each Receipt this Period<br>600.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert Gerard Kely<br>Mailing Address 14 Waterbury Avenue<br>City State Zip Code<br>Madison CT 06443-3205<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Middlesex Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 500.00                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635327<br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Dwight L. Fine<br>Mailing Address 12675 Riviera Heights Road<br>City State Zip Code<br>Holts Summit MO 65043-2039<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Missouri Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President, Government Relations<br>Aggregate Year-to-Date ▼ 1000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11637147<br>Amount of Each Receipt this Period<br>111.04 |

SUBTOTAL of Receipts This Page (optional) ▶

1211.04

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



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 or each category of the  
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NAME OF COMMITTEE (In Full)  
 American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard Ebel<br>Mailing Address 18310 Will O'The Wisp Way<br>City State Zip Code<br>Monument CO 80132-8884<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Memorial Hospital<br>Occupation Executive Director<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 250.00                                      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635808<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert Z. Vasek<br>Mailing Address 9326 Perglen Road<br>City State Zip Code<br>Baltimore MD 21236-1628<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Maryland Hospital Association<br>Occupation Sr. Vice President & CFO<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 600.00                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11634528<br>Amount of Each Receipt this Period<br>600.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Marc D. Smith<br>Mailing Address 5812 Tanner Bridge Road<br>City State Zip Code<br>Jefferson City MO 65101-8275<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Missouri Hospital Association<br>Occupation President and Chief Executive Officer<br>Receipt For: Aggregate Year-to-Date ▼<br>Primary General<br>Other (specify) ▼ 1000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11637158<br>Amount of Each Receipt this Period<br>111.04 |

SUBTOTAL of Receipts This Page (optional) ▶ **961.04**

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Larry H. Wall<br>Mailing Address 11223 West Asbury Avenue<br>City Lakewood State CO Zip Code 80227-1858<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Colorado Health & Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 500.00                             |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11635321<br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Pegen Townsend<br>Mailing Address 225 Nokeon Road<br>City Severna Park State MD Zip Code 21146<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Maryland Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President, Legislative Policy<br>Aggregate Year-to-Date ▼ 600.00                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11634532<br>Amount of Each Receipt this Period<br>600.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Ronald B Ashworth<br>Mailing Address 1508 Pacland Ridge Court<br>City Chesterfield State MO Zip Code 63005-4327<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Sisters of Mercy Health System<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11637077<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶

1350.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kathleen C. Poff<br>Mailing Address 5118 Coventry Waye<br>City State Zip Code<br>Jefferson City MO 65101-8284<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Missouri Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President & CFO<br>Aggregate Year-to-Date ▼ 250.00                 |  | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005<br>Transaction ID: 11655478<br>Amount of Each Receipt this Period<br>27.76  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Victoria S. Galanti<br>Mailing Address 300 Elliott Avenue W.<br>Ste. 300<br>City State Zip Code<br>Seattle WA 98119-4138<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Washington State Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Vice President<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005<br>Transaction ID: 11634602<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. William E Winter<br>Mailing Address 18666 SW McFee Place<br>City State Zip Code<br>Hillsboro OR 97123-9040<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Silverton Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Administrative Director<br>Aggregate Year-to-Date ▼ 250.00                                   |  | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005<br>Transaction ID: 11634379<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶

527.76

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

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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Robert T. Brodhead<br>Mailing Address 5331 South Virginia Avenue<br>City Springfield State MO Zip Code 65810-2873<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. John's Hospital<br>Occupation President<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 270.00                   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11637079<br>Amount of Each Receipt this Period<br>270.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Peter E Chalk<br>Mailing Address 300 Main Street<br>City Lewiston State ME Zip Code 04240-0305<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Central Maine Medical Center<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11634304<br>Amount of Each Receipt this Period<br>125.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Norman F Gruber<br>Mailing Address P O Box 14001<br>City Salem State OR Zip Code 97309-5014<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Salem Hospital<br>Occupation President and Chief Executive Officer<br>Receipt For: Primary General Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005<br>Transaction ID: 11634380<br>Amount of Each Receipt this Period<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ▶

645.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Dana V Mason<br>Mailing Address P O Box 547<br>City State Zip Code<br>Barre VT 05641-0547<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Central Vermont Medical Center<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00                                      |  | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005<br>Transaction ID: 11634538<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Eric Borgending<br>Mailing Address 325 Glacier Ridge Tr<br>City State Zip Code<br>Verona WI 53593-1754<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Wisconsin Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President, Government Affairs<br>Aggregate Year-to-Date ▼ 1143.62                       |  | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005<br>Transaction ID: 11635523<br>Amount of Each Receipt this Period<br>337.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Deb Flecher Clemens<br>Mailing Address 3900 West Avera Drive Suite 100<br>City State Zip Code<br>Sioux Falls SD 57108-5729<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Avera McKennan Hospital and University<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Director Center for Public Policy<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M / D / Y<br>09 / 29 / 2005<br>Transaction ID: 11635495<br>Amount of Each Receipt this Period<br>125.00 |

SUBTOTAL of Receipts This Page (optional) ▶

712.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Laura Leitch<br>Mailing Address 4222 Mandan Crescent<br>City State Zip Code<br>Madison WI 53711-3062<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Wisconsin Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President and General Counsel<br>Aggregate Year-to-Date ▼ 840.18      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635524<br>Amount of Each Receipt this Period<br>83.35  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Daniel L Smith<br>Mailing Address 2551 Troy Lane<br>City State Zip Code<br>North Bend OR 97459-2655<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Bay Area Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President and Chief Executive Officer<br>Aggregate Year-to-Date ▼ 250.00                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11634382<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Judith Wamuth<br>Mailing Address 231 W School Street<br>Route 4<br>City State Zip Code<br>Belleville WI 53508-9599<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Wisconsin Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation VP, Workforce Development<br>Aggregate Year-to-Date ▼ 991.88 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635525<br>Amount of Each Receipt this Period<br>233.35 |

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588.70

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|                                                                              |       |                                       |                                                          |  |  |
|------------------------------------------------------------------------------|-------|---------------------------------------|----------------------------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Cynthia M. Grueber  |       |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |  |  |
| Mailing Address 2708 West Woodberry Court                                    |       |                                       | Transaction ID: 11637095                                 |  |  |
| City                                                                         | State | Zip Code                              | Amount of Each Receipt this Period                       |  |  |
| Columbia                                                                     | MO    | 65203-6651                            | 250.00                                                   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>          |       |                                       |                                                          |  |  |
| Name of Employer<br>University of Missouri Hospitals and C                   |       | Occupation<br>Director                |                                                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         |       | Aggregate Year-to-Date ▼<br>250.00    |                                                          |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Russell P. Branzell |       |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |  |  |
| Mailing Address 1024 South Lemay Avenue                                      |       |                                       | Transaction ID: 11635890                                 |  |  |
| City                                                                         | State | Zip Code                              | Amount of Each Receipt this Period                       |  |  |
| Fort Collins                                                                 | CO    | 80524-3838                            | 250.00                                                   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>          |       |                                       |                                                          |  |  |
| Name of Employer<br>Poudre Valley Hospital                                   |       | Occupation<br>Vice President & CIO    |                                                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         |       | Aggregate Year-to-Date ▼<br>250.00    |                                                          |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Thomas Grimes       |       |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2005 |  |  |
| Mailing Address 13510 158th St. Court E                                      |       |                                       | Transaction ID: 11634805                                 |  |  |
| City                                                                         | State | Zip Code                              | Amount of Each Receipt this Period                       |  |  |
| Puyallup                                                                     | WA    | 98374-9689                            | 250.00                                                   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>          |       |                                       |                                                          |  |  |
| Name of Employer<br>Good Samaritan Community Healthcare                      |       | Occupation<br>Chief Operating Officer |                                                          |  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         |       | Aggregate Year-to-Date ▼<br>250.00    |                                                          |  |  |

**SUBTOTAL** of Receipts This Page (optional) ..... **750.00**

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. James Leonard<br>Mailing Address 3914 Morton Ct. SE<br>City Olympia State WA Zip Code 98501-4187<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Providence St. Peter Hospital<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Operating Officer<br>Aggregate Year-to-Date ▼ 250.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11634603<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Rhonda Anderson<br>Mailing Address 900 Caton Avenue<br>City Baltimore State MD Zip Code 21229-5239<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer St. Agnes HealthCare<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Chief Financial Officer<br>Aggregate Year-to-Date ▼ 250.00        |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11634531<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Jodi Bloch<br>Mailing Address 207 N Spooner Street<br>City Madison State WI Zip Code 53728-4034<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Wisconsin Hospital Association<br>Receipt For: Primary General Other (specify) ▼<br>Occupation VP Government Affairs<br>Aggregate Year-to-Date ▼ 774.00   |  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 29 2005<br>Transaction ID: 11635522<br>Amount of Each Receipt this Period<br>134.00 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mr. James H. Ross</b></p> <p>Mailing Address 2900 West Picket Post Street</p> <p>City State Zip Code<br/>Columbia MO 65203-9581</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer University of Missouri Health Care<br/>Receipt For: Primary General Other (specify) ▼<br/>Occupation Chief Executive Officer<br/>Aggregate Year-to-Date ▼ 1000.00</p>                                     |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 29 2005</p> <p>Transaction ID: 11637076</p> <p>Amount of Each Receipt this Period<br/>1000.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Ms. Jennifer J. Boese</b></p> <p>Mailing Address 5510 Research Park Drive<br/>P.O. Box 258038</p> <p>City State Zip Code<br/>Madison WI 53725-9038</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Wisconsin Hospital Association<br/>Receipt For: Primary General Other (specify) ▼<br/>Occupation VP, External Relations &amp; Member Advocacy<br/>Aggregate Year-to-Date ▼ 1000.00</p> |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 29 2005</p> <p>Transaction ID: 11635527</p> <p>Amount of Each Receipt this Period<br/>500.00</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Mr. George S. Carr</b></p> <p>Mailing Address 4803 Garden Grove Drive</p> <p>City State Zip Code<br/>Columbia MO 65203-9720</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer University of Missouri Health Care<br/>Receipt For: Primary General Other (specify) ▼<br/>Occupation Chief Information Officer<br/>Aggregate Year-to-Date ▼ 250.00</p>                                        |  | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>09 29 2005</p> <p>Transaction ID: 11637090</p> <p>Amount of Each Receipt this Period<br/>250.00</p>  |

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1750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                 |
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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Jennifer E. Mallard<br>Mailing Address 8100 North 9th Road<br>City State Zip Code<br>Arlington VA 22205-1809<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Associate Director<br>Aggregate Year-to-Date ▼ 386.41  |  |  | Date of Receipt<br>M / M / D D / Y Y Y Y<br>Transaction ID: PR330534315621<br>Amount of Each Receipt this Period<br>68.19<br>P/R Deduction (\$22.73 Bi-Weekly)  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. Donald Nielsen, MD<br>Mailing Address 195 Oxford Court<br>City State Zip Code<br>Alamo CA 94507-1753<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President<br>Aggregate Year-to-Date ▼ 769.40            |  |  | Date of Receipt<br>M / M / D D / Y Y Y Y<br>Transaction ID: PR330524815621<br>Amount of Each Receipt this Period<br>115.41<br>P/R Deduction (\$38.25 Bi-Weekly) |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Eileen O'Keefe<br>Mailing Address One North Franklin<br>City State Zip Code<br>Chicago IL 60608-3438<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President, Member Relations<br>Aggregate Year-to-Date ▼ 350.00 |  |  | Date of Receipt<br>M / M / D D / Y Y Y Y<br>Transaction ID: PR330548215621<br>Amount of Each Receipt this Period<br>75.00<br>P/R Deduction (\$25.00 Bi-Weekly)  |

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258.60

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|                                                                                                                    |       |                                                                                        |                                    |  |
|--------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------|------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Paul N. Muraca                                            |       |                                                                                        | Date of Receipt<br>M / M / Y Y Y Y |  |
| Mailing Address 498D 138th Circle West                                                                             |       |                                                                                        | Transaction ID: PR330475415621     |  |
| City                                                                                                               | State | Zip Code                                                                               | Amount of Each Receipt this Period |  |
| Apple Valley                                                                                                       | MN    | 55124-9229                                                                             | 120.00                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                |       |                                                                                        | P/R Deduction (\$40.00 Bi-Weekly)  |  |
| Name of Employer<br>American Hospital Association-Chicago<br>Receipt For:<br>Primary General<br>Other (specify) ▼  |       | Occupation<br>Regional Executive<br>Aggregate Year-to-Date ▼<br>760.00                 |                                    |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Gene O'Dell                                               |       |                                                                                        | Date of Receipt<br>M / M / Y Y Y Y |  |
| Mailing Address American Hospital Association<br>One North Franklin Street                                         |       |                                                                                        | Transaction ID: PR330547715621     |  |
| City                                                                                                               | State | Zip Code                                                                               | Amount of Each Receipt this Period |  |
| Chicago                                                                                                            | IL    | 60606                                                                                  | 71.43                              |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                |       |                                                                                        | P/R Deduction (\$23.80 Bi-Weekly)  |  |
| Name of Employer<br>American Hospital Association-Chicago<br>Receipt For:<br>Primary General<br>Other (specify) ▼  |       | Occupation<br>Vice President, Strategic Planning<br>Aggregate Year-to-Date ▼<br>357.15 |                                    |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Tama Mallocks                                             |       |                                                                                        | Date of Receipt<br>M / M / Y Y Y Y |  |
| Mailing Address 325 Seventh Street, NW<br>Liberty Place, Suite 700                                                 |       |                                                                                        | Transaction ID: PR330273415621     |  |
| City                                                                                                               | State | Zip Code                                                                               | Amount of Each Receipt this Period |  |
| Washington                                                                                                         | DC    | 20004-2818                                                                             | 60.00                              |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                |       |                                                                                        | P/R Deduction (\$20.00 Bi-Weekly)  |  |
| Name of Employer<br>American Hospital Association-Washingt<br>Receipt For:<br>Primary General<br>Other (specify) ▼ |       | Occupation<br>Senior Associate Director<br>Aggregate Year-to-Date ▼<br>380.00          |                                    |  |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. W. Thomas Dewese<br>Mailing Address 500 Interstate Boulevard South<br><br>City State Zip Code<br>Nashville TN 37210-4634<br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Regional Executive<br>Aggregate Year-to-Date ▼ 760.00              |  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR329215715621<br>Amount of Each Receipt this Period<br>120.00<br><br>P/R Deduction (\$40.00 Bi-Weekly) |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Rebecca Chickay<br>Mailing Address AHA<br>One North Franklin Street<br>City State Zip Code<br>Chicago IL 60606<br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Director, Psychiatric and Substance Abuse<br>Aggregate Year-to-Date ▼ 363.68 |  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR329013415621<br>Amount of Each Receipt this Period<br>68.19<br><br>P/R Deduction (\$22.67 Bi-Weekly)  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Anne E. Uhl<br>Mailing Address 801 Pennsylvania Ave, NW<br>#245<br>City State Zip Code<br>Washington DC 20004-2615<br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President, Federal Relations<br>Aggregate Year-to-Date ▼ 760.00    |  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR328767015621<br>Amount of Each Receipt this Period<br>120.00<br><br>P/R Deduction (\$40.00 Bi-Weekly) |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard H. Wade<br>Mailing Address 1221 Cavalier Road<br><br>City State Zip Code<br>Arnold MD 21012-2126<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President, Communications<br>Aggregate Year-to-Date ▼ 769.40  |  |  | Date of Receipt<br>M / M / Y Y Y Y<br>Transaction ID: PR328310415621<br>Amount of Each Receipt this Period<br>115.41<br>P/R Deduction (\$38.25 Bi-Weekly) |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Carolyn Forina<br>Mailing Address 200 Clover Hill Court<br><br>City State Zip Code<br>Yardley PA 19067-5736<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Regional Executive<br>Aggregate Year-to-Date ▼ 854.28                |  |  | Date of Receipt<br>M / M / Y Y Y Y<br>Transaction ID: PR328511815621<br>Amount of Each Receipt this Period<br>62.52<br>P/R Deduction (\$20.84 Bi-Weekly)  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Aleia N. Mitchell<br>Mailing Address 909 N. Madison St<br><br>City State Zip Code<br>Arlington VA 22205-1855<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President, Media Relations<br>Aggregate Year-to-Date ▼ 354.28 |  |  | Date of Receipt<br>M / M / Y Y Y Y<br>Transaction ID: PR328512015621<br>Amount of Each Receipt this Period<br>62.52<br>P/R Deduction (\$20.84 Bi-Weekly)  |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Pollock<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Vice President<br>Aggregate Year-to-Date ▼ 1538.80 |  | Date of Receipt<br>Transaction ID: PR328260915621<br>Amount of Each Receipt this Period<br>230.82<br>P/R Deduction (\$76.50 Bi-Weekly) |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. James D. Bentley, Ph.D.<br>Mailing Address 13106 Vingle Lane<br>City State Zip Code<br>Silver Spring MD 20906<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President<br>Aggregate Year-to-Date ▼ 789.40                       |  | Date of Receipt<br>Transaction ID: PR328224915621<br>Amount of Each Receipt this Period<br>115.41<br>P/R Deduction (\$38.25 Bi-Weekly) |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Donna J. Melkonian<br>Mailing Address 5545 N. Wayne<br>City State Zip Code<br>Chicago IL 60640-1318<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Vice President<br>Aggregate Year-to-Date ▼ 350.00                                      |  | Date of Receipt<br>Transaction ID: PR328223815621<br>Amount of Each Receipt this Period<br>75.00<br>P/R Deduction (\$25.00 Bi-Weekly)  |

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| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Calbreth L. Simpson<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Regional Executive<br>Aggregate Year-to-Date ▼ 708.39 |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR328224815621<br>Amount of Each Receipt this Period<br>125.01<br>P/R Deduction (\$41.67 Bi-Weekly) |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Stephen M. Ahnen<br>Mailing Address 1001 N. Potomac St.<br>City State Zip Code<br>Arlington VA 22205-1629<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Senior Vice President<br>Aggregate Year-to-Date ▼ 789.40                  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR328312715621<br>Amount of Each Receipt this Period<br>115.41<br>P/R Deduction (\$38.25 Bi-Weekly) |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Davidson<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation President<br>Aggregate Year-to-Date ▼ 714.30          |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR327942115621<br>Amount of Each Receipt this Period<br>142.88<br>P/R Deduction (\$47.60 Bi-Weekly) |

SUBTOTAL of Receipts This Page (optional) 383.28

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  
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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Lori M. Schor<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Director, Political Action & Grassroot<br>Aggregate Year-to-Date ▼ 769.40<br>Date of Receipt<br>M M / D D / Y Y Y Y<br>Transaction ID: PR328341815621<br>Amount of Each Receipt this Period 115.41<br>P/R Deduction (\$38.25 Bi-Weekly) |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Barbara Lonsbach<br>Mailing Address 204 South 7th Avenue<br>City State Zip Code<br>La Grange IL 60525-6406<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Chicago<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Vice President, Member Relations<br>Aggregate Year-to-Date ▼ 727.38<br>Date of Receipt<br>M M / D D / Y Y Y Y<br>Transaction ID: PR328136915621<br>Amount of Each Receipt this Period 136.38<br>P/R Deduction (\$45.34 Bi-Weekly)                 |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Pamela Austin Thompson, RN, MSN<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Organization of Nurse Executi<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Executive Director<br>Aggregate Year-to-Date ▼ 388.41<br>Date of Receipt<br>M M / D D / Y Y Y Y<br>Transaction ID: PR327812015621<br>Amount of Each Receipt this Period 68.19<br>P/R Deduction (\$22.73 Bi-Weekly)    |  |  |

SUBTOTAL of Receipts This Page (optional) 319.98

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

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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|                                                                               |       |                                             |                                    |  |
|-------------------------------------------------------------------------------|-------|---------------------------------------------|------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mr. Mark Seklecki        |       |                                             | Date of Receipt<br>M / D / Y       |  |
| Mailing Address 325 Seventh Street, NW<br>Suite 700                           |       |                                             | Transaction ID: PR327858015621     |  |
| City                                                                          | State | Zip Code                                    | Amount of Each Receipt this Period |  |
| Washington                                                                    | DC    | 20004-2818                                  | 115.41                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>           |       |                                             | P/R Deduction (\$38.25 Bi-Weekly)  |  |
| Name of Employer<br>American Hospital Association-Washingt                    |       | Occupation<br>Executive Director, AHAPAC    | Aggregate Year-to-Date ▼           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |       | 769.40                                      |                                    |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Lindsey Mae Robinson |       |                                             | Date of Receipt<br>M / D / Y       |  |
| Mailing Address 107 East Lane                                                 |       |                                             | Transaction ID: PR327727315621     |  |
| City                                                                          | State | Zip Code                                    | Amount of Each Receipt this Period |  |
| Lake Barrington                                                               | IL    | 60010-1939                                  | 115.41                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>           |       |                                             | P/R Deduction (\$38.25 Bi-Weekly)  |  |
| Name of Employer<br>American Hospital Association-Chicago                     |       | Occupation<br>Vice President, PMGs          | Aggregate Year-to-Date ▼           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |       | 730.93                                      |                                    |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Deborah F. Walner    |       |                                             | Date of Receipt<br>M / D / Y       |  |
| Mailing Address 11004 Petersburg                                              |       |                                             | Transaction ID: PR327745915621     |  |
| City                                                                          | State | Zip Code                                    | Amount of Each Receipt this Period |  |
| Rockville                                                                     | MD    | 20852-3249                                  | 136.38                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>           |       |                                             | P/R Deduction (\$45.46 Bi-Weekly)  |  |
| Name of Employer<br>American Hospital Association-Washingt                    |       | Occupation<br>Director, Grassroots Advocacy | Aggregate Year-to-Date ▼           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          |       | 772.82                                      |                                    |  |

SUBTOTAL of Receipts This Page (optional) ▶ **367.20**

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  
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(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
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| <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

|                                                                         |                                            |                                    |                                             |
|-------------------------------------------------------------------------|--------------------------------------------|------------------------------------|---------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Ellen A. Pryga |                                            | Date of Receipt<br>M / D / Y       |                                             |
| Mailing Address 2401 Calvert Street, NW<br>Apt. 1008                    |                                            | Transaction ID: PR327851915621     |                                             |
| City<br>Washington                                                      | State<br>DC                                | Zip Code<br>20008-2614             | Amount of Each Receipt this Period<br>68.19 |
| FEC ID number of contributing federal political committee.<br>C         |                                            | P/R Deduction (\$22.67 Bi-Weekly)  |                                             |
| Name of Employer<br>American Hospital Association-Washingt              | Occupation<br>Director, Policy Development | Aggregate Year-to-Date ▼<br>363.68 |                                             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    |                                            |                                    |                                             |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Neil J. Jesula |                                            | Date of Receipt<br>M / D / Y       |                                             |
| Mailing Address 1003 Kimberly Place                                     |                                            | Transaction ID: PR327801715621     |                                             |
| City<br>Great Falls                                                     | State<br>VA                                | Zip Code<br>22066-1546             | Amount of Each Receipt this Period<br>68.19 |
| FEC ID number of contributing federal political committee.<br>C         |                                            | P/R Deduction (\$22.67 Bi-Weekly)  |                                             |
| Name of Employer<br>American Hospital Association-Washingt              | Occupation<br>Executive Vice President     | Aggregate Year-to-Date ▼<br>363.68 |                                             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    |                                            |                                    |                                             |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mr. Donald May     |                                            | Date of Receipt<br>M / D / Y       |                                             |
| Mailing Address 521 Great Falls Street                                  |                                            | Transaction ID: PR331533215621     |                                             |
| City<br>Falls Church                                                    | State<br>VA                                | Zip Code<br>22048-2613             | Amount of Each Receipt this Period<br>65.22 |
| FEC ID number of contributing federal political committee.<br>C         |                                            | P/R Deduction (\$21.72 Bi-Weekly)  |                                             |
| Name of Employer<br>American Hospital Association-Washingt              | Occupation<br>Vice President, Policy       | Aggregate Year-to-Date ▼<br>369.58 |                                             |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    |                                            |                                    |                                             |

SUBTOTAL of Receipts This Page (optional) ▶

201.80

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

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
or each category of the  
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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ms. Kristin Welsh<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Sr. Associate Director<br>Aggregate Year-to-Date ▼ 386.41              |  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR517019715621<br>Amount of Each Receipt this Period<br>68.19<br>P/R Deduction (\$22.73 Bi-Weekly)   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ms. Katie Vaughan<br>Mailing Address 10-B Auburn Court<br>City State Zip Code<br>Alexandria VA 22305-2824<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation Associate Director<br>Aggregate Year-to-Date ▼ 384.80                                    |  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR1034505115621<br>Amount of Each Receipt this Period<br>57.72<br>P/R Deduction (\$19.00 Bi-Weekly)  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ms. Melinda Reid Helton<br>Mailing Address 325 Seventh Street, NW<br>Suite 700<br>City State Zip Code<br>Washington DC 20004-2818<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer American Hospital Association-Washingt<br>Receipt For: Primary General Other (specify) ▼<br>Occupation VP & Chief Washington Counsel<br>Aggregate Year-to-Date ▼ 769.40 |  |  | Date of Receipt<br>M / D / Y<br>Transaction ID: PR1045726215621<br>Amount of Each Receipt this Period<br>115.41<br>P/R Deduction (\$38.25 Bi-Weekly) |

SUBTOTAL of Receipts This Page (optional) ▶ **241.32**

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  
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(check only one)

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| <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)<br>A. Ms. Sahini Jindal |             |                                         | Date of Receipt<br>M / D / Y                |  |
| Mailing Address 325 Seventh Street, NW                          |             |                                         | Transaction ID: PR1125613615621             |  |
| City<br>Washington                                              | State<br>DC | Zip Code<br>20004-2818                  | Amount of Each Receipt this Period<br>68.19 |  |
| FEC ID number of contributing federal political committee.<br>C |             |                                         |                                             |  |
| Name of Employer<br>American Hospital Association-Washingt      |             | Occupation<br>Senior Associate Director | P/R Deduction (\$22.73 Bi-Weekly)           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼            |             | Aggregate Year-to-Date ▼<br>386.41      |                                             |  |

SUBTOTAL of Receipts This Page (optional) ▶

68.19

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

110658.47

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
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☐ 11a ☐ 11b ☐ 11c ☒ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>New York Hospital & Healthcare Assoc. FED PAC<br>Mailing Address One Empire Drive<br>City Rensselaer State NY Zip Code 12144<br>FEC ID number of contributing federal political committee. <b>C</b> C00160259<br>Name of Employer Occupation<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00           |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11535104<br>Amount of Each Receipt this Period<br>10000.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>New York Hospital & Healthcare Assoc. FED PAC<br>Mailing Address One Empire Drive<br>City Rensselaer State NY Zip Code 12144<br>FEC ID number of contributing federal political committee. <b>C</b> C00160259<br>Name of Employer Occupation<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 60000.00           |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11535105<br>Amount of Each Receipt this Period<br>10000.00  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>California Healthcare Association PAC - Federal<br>Mailing Address 1215 K Street Suite 800<br>City Sacramento State CA Zip Code 95814<br>FEC ID number of contributing federal political committee. <b>C</b> C00237495<br>Name of Employer Occupation<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 145800.00 |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11535108<br>Amount of Each Receipt this Period<br>109350.00 |

SUBTOTAL of Receipts This Page (optional) ▶

129350.00

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

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or each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|
| <b>A. Texas Hospital Association HQSPAC - Federal</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 15587<br>City Austin State TX Zip Code 78761-5587<br>FEC ID number of contributing federal political committee. <b>C</b> C00301325<br>Name of Employer Occupation<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 63625.00   |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11547932<br>Amount of Each Receipt this Period<br>18200.00 |
| <b>B. Montana Hospital Association PAC - Federal Fund</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 5119<br>City Helena State MT Zip Code 59904-5119<br>FEC ID number of contributing federal political committee. <b>C</b> C00238782<br>Name of Employer Occupation<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5750.00 |  | Date of Receipt<br>M / D / Y 09 / 14 / 2005<br>Transaction ID: 11535106<br>Amount of Each Receipt this Period<br>5750.00  |
| <b>C. Health Alliance of PA PAC - Federal</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address Post Office Box 8800<br>City Harrisburg State PA Zip Code 17105-8800<br>FEC ID number of contributing federal political committee. <b>C</b> C00128082<br>Name of Employer Occupation<br>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 70990.00 |  | Date of Receipt<br>M / D / Y 09 / 22 / 2005<br>Transaction ID: 11839887<br>Amount of Each Receipt this Period<br>8990.00  |

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32940.00

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

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
or each category of the  
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☐ 11a ☐ 11b ☐ 11c ☒ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. New York Hospital &amp; Healthcare Assoc. FED PAC</b></p> <p>Mailing Address One Empire Drive</p> <p>City State Zip Code<br/> Rensselaer NY 12144</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00160259</p> <p>Name of Employer Occupation</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼<br/> 70000.00</p>               |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y<br/> 09 29 2005</p> <p>Transaction ID: 11635503</p> <p>Amount of Each Receipt this Period<br/> 10000.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. AZHHA Political Action Committee (Federal)</b></p> <p>Mailing Address 2901 North Central Avenue<br/> Suite 900</p> <p>City State Zip Code<br/> Phoenix AZ 85012</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00217687</p> <p>Name of Employer Occupation</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼<br/> 17830.00</p> |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y<br/> 09 29 2005</p> <p>Transaction ID: 11639232</p> <p>Amount of Each Receipt this Period<br/> 2830.00</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Texas Hospital Association HOSPAC - Federal</b></p> <p>Mailing Address P.O. Box 15587</p> <p>City State Zip Code<br/> Austin TX 78761-5587</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00301325</p> <p>Name of Employer Occupation</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼<br/> 65825.00</p>                      |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y<br/> 09 29 2005</p> <p>Transaction ID: 11635329</p> <p>Amount of Each Receipt this Period<br/> 2200.00</p>  |

**SUBTOTAL** of Receipts This Page (optional) **15030.00**

**TOTAL** This Period (last page this line number only) **177320.00**

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
or each category of the  
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(check only one)

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| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input 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

Full Name (Last, First, Middle Initial)

A. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1626.46

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2005

Transaction ID: 11653573

Amount of Each Receipt this Period

216.03

Bank Interest Received

SUBTOTAL of Receipts This Page (optional) ►

216.03

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

216.03



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Merchant Bankcard**

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 11653576

Date of Disbursement

09 / 07 / 2005

Amount of Each Disbursement this Period

99.85

Bank Fee

Full Name (Last, First, Middle Initial)

**B. Citibank, F.S.B.**

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 11653575

Date of Disbursement

09 / 07 / 2005

Amount of Each Disbursement this Period

48.88

Bank Fee

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 11653577

Date of Disbursement

09 / 07 / 2005

Amount of Each Disbursement this Period

48.88

Bank Fee

SUBTOTAL of Disbursements This Page (optional) ▶

193.71

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

193.71

**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)<br><b>A. Stabenow For Us Senate</b>                                                                                                                                                                               |  |  | Transaction ID: 11535278<br>Date of Disbursement<br>09 / 01 / 2005          |  |  |
| Mailing Address PO Box 4945<br><br>City East Lansing State MI Zip Code 48826<br><br>Purpose of Disbursement Contribution<br>Candidate Name Sen. Debbie Stabenow<br>Office Sought: House Senate X President<br>State: MI District: 2                       |  |  | Amount of Each Disbursement this Period<br>1000.00<br><br>Contribution      |  |  |
| Disbursement For: 2006<br>Primary X General<br>Other (specify) ▼                                                                                                                                                                                          |  |  | 011<br>Category/<br>Type                                                    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Searchlight Leadership Fund</b>                                                                                                                                                                          |  |  | Transaction ID: 11535254<br>Date of Disbursement<br>09 / 01 / 2005          |  |  |
| Mailing Address 818 Connecticut Avenue, NW<br>Suite 1100<br><br>City Washington State DC Zip Code 20008<br><br>Purpose of Disbursement 2005 Contribution<br>Candidate Name<br>Office Sought: House Senate President<br>State: District                    |  |  | Amount of Each Disbursement this Period<br>2000.00<br><br>2005 Contribution |  |  |
| Disbursement For: General<br>Other (specify) ▼                                                                                                                                                                                                            |  |  | 011<br>Category/<br>Type                                                    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of Lane Evans Committee</b>                                                                                                                                                                      |  |  | Transaction ID: 11535260<br>Date of Disbursement<br>09 / 01 / 2005          |  |  |
| Mailing Address PO Box 5263<br>1800 - 3rd Ave Room 308<br><br>City Rock Island State IL Zip Code 61204<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Lane Evans<br>Office Sought: X House Senate President<br>State: IL District: 17 |  |  | Amount of Each Disbursement this Period<br>2500.00<br><br>Contribution      |  |  |
| Disbursement For: 2006<br>X Primary General<br>Other (specify) ▼                                                                                                                                                                                          |  |  | 011<br>Category/<br>Type                                                    |  |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                     |  |  | <b>5500.00</b>                                                              |  |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                |  |  |                                                                             |  |  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial)  
A. Ehlers For Congress Committee

Mailing Address PO Box 3340

City Grand Rapids State MI Zip Code 49501

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Vernon J. Ehlers

Office Sought: ☒ House  
Senate  
President

State: MI District 3

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11635278

Date of Disbursement

09 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Chris Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Chris Chocola

Office Sought: ☒ House  
Senate  
President

State: IN District 2

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11654348

Date of Disbursement

09 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address Post Office Box 2083

City Battle Creek State MI Zip Code 49018

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John J.H. Schwarz, M.D.

Office Sought: ☒ House  
Senate  
President

State: MI District 7

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11635280

Date of Disbursement

09 / 01 / 2005

Amount of Each Disbursement this Period

800.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2800.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                       |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mike McIntyre For Congress</b></p> <p>Mailing Address P.O. Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District 7</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p>                               |  |  | <p>Transaction ID: 11535248<br/>Date of Disbursement<br/>09 / 02 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>                                            |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Hooley For Congress</b></p> <p>Mailing Address PO Box 2050</p> <p>City Salem State OR Zip Code 07308</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Darlene Hooley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District 5</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p>                                        |  |  | <p>Transaction ID: 11535249<br/>Date of Disbursement<br/>09 / 02 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>                                            |  |  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Portland Regency Hotel</b></p> <p>Mailing Address 20 Milk Street</p> <p>City Portland State ME Zip Code 04101</p> <p>Purpose of Disbursement<br/>In-Kind catering to Tom Allen (ME-1). See</p> <p>Candidate Name<br/>Rep. Thomas H. Allen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: ME District 1</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> |  |  | <p>Transaction ID: 11602867<br/>Date of Disbursement<br/>09 / 02 / 2005</p> <p>Amount of Each Disbursement this Period<br/>993.04</p> <p>In-Kind catering to Tom Allen (ME-1). See 9/20/05 report</p> |  |  |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | <p><b>2993.04</b></p>                                                                                                                                                                                 |  |  |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <p>▶</p>                                                                                                                                                                                              |  |  |

**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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Hobson For Congress</b></p> <p>Mailing Address 82 West Columbia</p> <p>City Springfield State OH Zip Code 45503</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. David L. Hobson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District 7</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>                       |  | <p>Transaction ID: 11515669</p> <p>Date of Disbursement<br/>09 / 07 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Latourette For Congress Committee</b></p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District 14</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p> |  | <p>Transaction ID: 11515671</p> <p>Date of Disbursement<br/>09 / 07 / 2005</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>Contribution</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Friends Of John Boehner</b></p> <p>Mailing Address 7908-I Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District 8</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>     |  | <p>Transaction ID: 11515686</p> <p>Date of Disbursement<br/>09 / 07 / 2005</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p><b>4000.00</b></p>                                                                                                                                         |
| <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                               |

**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 Don Sherwood

Mailing Address 81 Warren Street

City Tunkhannock State PA Zip Code 18657

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Donald L. Sherwood

Office Sought: ☒ House  
Senate  
President

State: PA District 10

Disbursement For: 2008  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11530498

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

700.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Sen. Richard J. Durbin

Office Sought: ☒ House  
Senate  
President

State: IL District 1

Disbursement For: 2008  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11530497

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles B. Rangel

Office Sought: ☒ House  
Senate  
President

State: NY District 15

Disbursement For: 2008  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547461

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1950.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Spratt For Congress Committee</b></p> <p>Mailing Address PO Box 830</p> <p>City York State SC Zip Code 29745</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. John M. Spratt, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District 5</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>         |  | <p>Transaction ID: 11547114</p> <p>Date of Disbursement<br/>09 / 12 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Santorum 2006</b></p> <p>Mailing Address One Tower Bridge Suite 1440</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Sen. Rick Santorum</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District 2</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p> |  | <p>Transaction ID: 11654356</p> <p>Date of Disbursement<br/>09 / 12 / 2005</p> <p>Amount of Each Disbursement this Period<br/>2250.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Santorum 2006</b></p> <p>Mailing Address One Tower Bridge Suite 1440</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Sen. Rick Santorum</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District 2</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p> |  | <p>Transaction ID: 11654397</p> <p>Date of Disbursement<br/>09 / 12 / 2005</p> <p>Amount of Each Disbursement this Period<br/>2250.00</p> <p>Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <p><b>5500.00</b></p>                                                                                                                                         |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                               |

**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. Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Sen. Jeff Sessions

Office Sought: House Disbursement For: 2008  
☒ Senate ☒ Primary General  
 President  
 State: AL District 2 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547078

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)  
B. Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City Satellite Beach State FL Zip Code 32837

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bill Nelson

Office Sought: House Disbursement For: 2006  
☒ Senate ☒ Primary General  
 President  
 State: FL District 1 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547246

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address P.O. Box 505

City Upland State CA Zip Code 91785

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. David Dreier

Office Sought: ☒ House Disbursement For: 2006  
 Senate ☐ Primary ☒ General  
 President  
 State: CA District 26 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547097

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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



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

Use separate schedule(s)  
for each category of the  
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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. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John D. Dingell

Office Sought: ☒ House  
Senate  
President

State: MI District 15

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547121

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael A. Ross

Office Sought: ☒ House  
Senate  
President

State: AR District 4

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547086

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address P.O. Box 2383

City Prescott State AZ Zip Code 86302

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Rick Renzi

Office Sought: ☒ House  
Senate  
President

State: AZ District 1

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11547108

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Price For Congress</b></p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Thomas Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 6</p>            |  | <p>Transaction ID: 11854378</p> <p>Date of Disbursement 09 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>      |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Herseth For Congress</b></p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Stephanie Herseth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District: 1</p> |  | <p>Transaction ID: 11547079</p> <p>Date of Disbursement 09 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>      |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. House Conservative Fund</b></p> <p>Mailing Address 3101 Wilson Boulevard Suite 810</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement 2005 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                              |  | <p>Transaction ID: 11547057</p> <p>Date of Disbursement 09 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2005 Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p><b>3000.00</b></p>                                                                                                                                      |
| <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                            |

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

Use separate schedule(s)  
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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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Committee To Re-Elect Vito Fossella</b></p> <p>Mailing Address PO Box 131403<br/>PO Box 080248</p> <p>City Staten Island State NY Zip Code 10313</p> <p>Purpose of Disbursement<br/>Void of 6/29/2005 Contribution</p> <p>Candidate Name<br/>Rep. Vito J. Fossella</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>State: NY District 13</p> |  | <p>Transaction ID: 11583324</p> <p>Date of Disbursement<br/>09 / 13 / 2005</p> <p>Amount of Each Disbursement this Period<br/>-2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Void of 6/29/2005 Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Schakowsky For Congress</b></p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>State: IL District 9</p>                                                   |  | <p>Transaction ID: 11588280</p> <p>Date of Disbursement<br/>09 / 14 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>                    |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Bob Ney For Congress</b></p> <p>Mailing Address PO Box 600</p> <p>City Hebron State OH Zip Code 43025</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Robert W. Ney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>State: OH District 18</p>                                                                 |  | <p>Transaction ID: 11588380</p> <p>Date of Disbursement<br/>09 / 14 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>                    |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <p><b>0.00</b></p>                                                                                                                                                                                                 |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                    |

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

Use separate schedule(s)  
for each category of the  
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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)<br><b>A. Lot Of People For Dave Obey</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | Transaction ID: 11568351<br>Date of Disbursement<br>09 / 14 / 2005         |  |  |
| Mailing Address 525 Washington St<br>PO Box 1322<br><br>City Wausau State WI Zip Code 54402<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. David R. Obey<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District 7<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼                  |  |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Tiberi For Congress</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Transaction ID: 11568351<br>Date of Disbursement<br>09 / 14 / 2005         |  |  |
| Mailing Address 2021 E Dublin Granville Road<br>Suite 2000<br><br>City Columbus State OH Zip Code 43220<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Patrick J. Tiberi<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District 12<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ |  |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Gingrey For Congress</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  |  | Transaction ID: 11547502<br>Date of Disbursement<br>09 / 14 / 2005         |  |  |
| Mailing Address PO Box U<br><br>City Marietta State GA Zip Code 30060<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Phil Gingrey, M.D.<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District 11<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼                                  |  |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | <b>3000.00</b>                                                             |  |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                                                                            |  |  |

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

Use separate schedule(s)  
for each category of the  
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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. Chris Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46600

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Chris Chocola

Office Sought: ☒ House  
 Senate  
 President

State: IN District 2

Disbursement For: 2006  
 Primary ☒ General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: 11568299

Date of Disbursement

09 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
 B. Friends Of Zach Wamp

Mailing Address P.O. Box 24804  
 851 E. Fourth St. Suite 200

City Chattanooga State TN Zip Code 37422

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Zach Wamp

Office Sought: ☒ House  
 Senate  
 President

State: TN District 3

Disbursement For: 2006  
☒ Primary General  
 Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: 11575326

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
 C. America's Foundation PAC

Mailing Address 1155 21st Street, NW  
 Suite 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: 11575311

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)**  
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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. Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City State Zip Code  
Westminster CO 80031

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mark Udall

Office Sought: ☒ House  
Senate  
President

State: CO District: 2

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11575334

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Alliance for the West

Mailing Address 1510 Woodbine Street

City State Zip Code  
Alexandria VA 22302

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: 11575310

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

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

Mailing Address 19 Cattano Avenue

City State Zip Code  
Morristown NJ 07960

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Rodney P. Frelinghuysen

Office Sought: ☒ House  
Senate  
President

State: NJ District: 11

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11575336

Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)  
for each category of the  
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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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Marion Berry For Congress</b></p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AR District 1</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>                             |  | <p>Transaction ID: 11575340<br/>Date of Disbursement<br/>09 / 16 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Tom Delay Congressional Committee</b></p> <p>Mailing Address 7002 Riverbrook Drive Ste. 200</p> <p>City Sugar Land State TX Zip Code 77478</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Tom DeLay</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District 22</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>     |  | <p>Transaction ID: 11575339<br/>Date of Disbursement<br/>09 / 16 / 2005</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Friends Of John Peterson</b></p> <p>Mailing Address 114 W. State Street<br/>PO Box 295</p> <p>City Pleasantville State PA Zip Code 16341</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. John E. Peterson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District 5</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p> |  | <p>Transaction ID: 11568127<br/>Date of Disbursement<br/>09 / 20 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <p><b>4500.00</b></p>                                                                                                                                      |
| <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                            |

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

Use separate schedule(s)  
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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)<br><b>A. Friends Of Don Sherwood</b>                                                                                     |                                                                                                         |                   | Transaction ID: 11568128<br>Date of Disbursement<br>09 / 20 / 2005 |  |  |
| Mailing Address 81 Warren Street                                                                                                                                 |                                                                                                         |                   | Amount of Each Disbursement this Period<br>2000.00                 |  |  |
| City<br>Tunkhannock                                                                                                                                              | State<br>PA                                                                                             | Zip Code<br>18657 | 011<br>Category/<br>Type<br>Contribution                           |  |  |
| Purpose of Disbursement<br>Contribution                                                                                                                          |                                                                                                         |                   |                                                                    |  |  |
| Candidate Name<br>Rep. Donald L. Sherwood                                                                                                                        |                                                                                                         |                   |                                                                    |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: PA      District: 10 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |                   |                                                                    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Kent Conrad</b>                                                                                      |                                                                                                         |                   | Transaction ID: 11568124<br>Date of Disbursement<br>09 / 20 / 2005 |  |  |
| Mailing Address PO Box 812                                                                                                                                       |                                                                                                         |                   | Amount of Each Disbursement this Period<br>1000.00                 |  |  |
| City<br>Bismarck                                                                                                                                                 | State<br>ND                                                                                             | Zip Code<br>58502 | 011<br>Category/<br>Type<br>Contribution                           |  |  |
| Purpose of Disbursement<br>Contribution                                                                                                                          |                                                                                                         |                   |                                                                    |  |  |
| Candidate Name<br>Sen. Kent Conrad                                                                                                                               |                                                                                                         |                   |                                                                    |  |  |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: ND      District: 1  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |                   |                                                                    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of Jack Kingston</b>                                                                                    |                                                                                                         |                   | Transaction ID: 11568130<br>Date of Disbursement<br>09 / 20 / 2005 |  |  |
| Mailing Address PO Box 2133                                                                                                                                      |                                                                                                         |                   | Amount of Each Disbursement this Period<br>1000.00                 |  |  |
| City<br>Savannah                                                                                                                                                 | State<br>GA                                                                                             | Zip Code<br>31402 | 011<br>Category/<br>Type<br>Contribution                           |  |  |
| Purpose of Disbursement<br>Contribution                                                                                                                          |                                                                                                         |                   |                                                                    |  |  |
| Candidate Name<br>Rep. Jack Kingston                                                                                                                             |                                                                                                         |                   |                                                                    |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: GA      District: 1  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |                   |                                                                    |  |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                            |                                                                                                         |                   | <b>4000.00</b>                                                     |  |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                       |                                                                                                         |                   | <b></b>                                                            |  |  |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
 American Hospital Association PAC

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

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
 2005 Contribution

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

011  
 Category/  
 Type

Transaction ID: 11568109

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

5000.00

2005 Contribution

Full Name (Last, First, Middle Initial)  
 B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Charles W. Dent

Office Sought: ☒ House Senate President  
 Disbursement For: 2006  
☒ Primary General Other (specify) ▼

State: PA District 15

011  
 Category/  
 Type

Transaction ID: 11568129

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Michael G. Fitzpatrick

Office Sought: ☒ House Senate President  
 Disbursement For: 2006  
☒ Primary General Other (specify) ▼

State: PA District 8

011  
 Category/  
 Type

Transaction ID: 11568126

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bobby Jindal

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006  
☒ Primary ☐ General  
Other (specify) ▼

State: LA District 1

011  
Category/  
Type

Transaction ID: 11568125

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Price For Congress Committee

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. David E. Price

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006  
☒ Primary ☐ General  
Other (specify) ▼

State: NC District 4

011  
Category/  
Type

Transaction ID: 11568141

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Heather A. Wilson

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006  
☒ Primary ☐ General  
Other (specify) ▼

State: NM District 1

011  
Category/  
Type

Transaction ID: 11568135

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael Thompson

Office Sought: ☒ House  
Senate  
President

State: CA District 1

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11568137

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Lincoln Chafee for U.S. Senate

Mailing Address Po Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Lincoln Chafee

Office Sought: ☒ House  
Senate  
President

State: RI District 2

Disbursement For: 2006  
Primary ☒ General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11568133

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
C. A Lot Of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Jeff Bingaman

Office Sought: ☒ House  
Senate  
President

State: NM District 2

Disbursement For: 2006  
Primary ☒ General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11568132

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

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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)<br><b>A. PAC to the Future</b>                                                                                              |                                                                                                    | Transaction ID: 11560892<br>Date of Disbursement<br>09 / 22 / 2005 |  |
| Mailing Address 268 Bush Street<br>PMB 3230<br><br>City San Francisco State CA Zip Code 94104<br><br>Purpose of Disbursement 2005 Contribution<br>Candidate Name    |                                                                                                    | Amount of Each Disbursement this Period<br>5000.00                 |  |
| Office Sought: House<br>Senate<br>President                                                                                                                         | Disbursement For:<br>Primary General<br>Other (specify) ▼                                          | 011<br>Category/<br>Type                                           |  |
| State: District                                                                                                                                                     |                                                                                                    | 2005 Contribution                                                  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Pearce For Congress</b>                                                                                            |                                                                                                    | Transaction ID: 11568134<br>Date of Disbursement<br>09 / 22 / 2005 |  |
| Mailing Address PO Box 2696<br><br>City Hobbs State NM Zip Code 88241<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Stevan E. Pearce           |                                                                                                    | Amount of Each Disbursement this Period<br>1000.00                 |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                                                                                     | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | 011<br>Category/<br>Type                                           |  |
| State: NM District 2                                                                                                                                                |                                                                                                    | Contribution                                                       |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Impact America</b>                                                                                                 |                                                                                                    | Transaction ID: 11560895<br>Date of Disbursement<br>09 / 22 / 2005 |  |
| Mailing Address 228 W. Washington St<br>Suite 200<br><br>City Alexandria State VA Zip Code 22314<br><br>Purpose of Disbursement 2005 Contribution<br>Candidate Name |                                                                                                    | Amount of Each Disbursement this Period<br>5000.00                 |  |
| Office Sought: House<br>Senate<br>President                                                                                                                         | Disbursement For:<br>Primary General<br>Other (specify) ▼                                          | 011<br>Category/<br>Type                                           |  |
| State: District                                                                                                                                                     |                                                                                                    | 2005 Contribution                                                  |  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶                                                                                                       |                                                                                                    | <b>11000.00</b>                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶                                                                                                  |                                                                                                    |                                                                    |  |

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

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

FOR LINE NUMBER:  
(check only one)

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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. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code  
 Seaford NY 11783

Purpose of Disbursement  
 Void - 8/22/2005 Contribution

Candidate Name  
 Rep. Peter T. King

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006  
☒ Primary ☐ General  
 Other (specify) ▼

State: NY District 3

011  
 Category/  
 Type

Transaction ID: 11668273

Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - 8/22/2005 Contribu-  
 tion

Full Name (Last, First, Middle Initial)  
 B. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City State Zip Code  
 Minnetonka MN 55305

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Jim M. Ramstad

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006  
☒ Primary ☐ General  
 Other (specify) ▼

State: MN District 3

011  
 Category/  
 Type

Transaction ID: 11636859

Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
 C. Restore America PAC

Mailing Address P.O. Box 2778

City State Zip Code  
 Arlington VA 22202

Purpose of Disbursement  
 2005 Contribution

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For:  
☐ Primary ☐ General  
 Other (specify) ▼

State: District

011  
 Category/  
 Type

Transaction ID: 11636806

Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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  
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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)<br><b>A. Serrano For Congress</b>                                                                                                                                                                                                                                                                                                                                                                  |  | Transaction ID: 11637021<br>Date of Disbursement<br>09 / 26 / 2005         |  |
| Mailing Address 275 Madison Avenue<br><br>City New York State NY Zip Code 10016<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Jose E. Serrano<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District 16<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼           |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Simmons For Congress</b>                                                                                                                                                                                                                                                                                                                                                                  |  | Transaction ID: 11636823<br>Date of Disbursement<br>09 / 26 / 2005         |  |
| Mailing Address P.O. Box 268 Drawer 271<br><br>City Stonington State CT Zip Code 06378<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Robert R. Simmons<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District 2<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼   |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Christopher Shays For Congress Committee</b>                                                                                                                                                                                                                                                                                                                                              |  | Transaction ID: 11636813<br>Date of Disbursement<br>09 / 26 / 2005         |  |
| Mailing Address 88 East Avenue Rear Building<br><br>City Norwalk State CT Zip Code 06851<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Christopher Shays<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District 4<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶                                                                                                                                                                                                                                                                                                                                                                              |  | <b>3000.00</b>                                                             |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                            |  |

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

Use separate schedule(s)  
for each category of the  
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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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Mike Ferguson for Congress</b></p> <p>Mailing Address 340 North Ave E<br/>Ste. 6</p> <p>City Cranford State NJ Zip Code 07016</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Mike Ferguson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District 7</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p> |  | <p>Transaction ID: 11636879<br/>Date of Disbursement<br/>09 / 26 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. McNulty For Congress</b></p> <p>Mailing Address P.O. Box 1560</p> <p>City Green Island State NY Zip Code 12183</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Michael R. McNulty</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District 21</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>          |  | <p>Transaction ID: 11637046<br/>Date of Disbursement<br/>09 / 26 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Evan Bayh Committee</b></p> <p>Mailing Address 850 Ft Wayne Avenue</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>Sen. Evan Bayh</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District 2</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> <p>011<br/>Category/<br/>Type</p>          |  | <p>Transaction ID: 11636811<br/>Date of Disbursement<br/>09 / 26 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>2010 Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <p><b>3000.00</b></p>                                                                                                                                           |

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

Use separate schedule(s)  
for each category of the  
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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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. Hooley For Congress</b></p> <p>Mailing Address PO Box 2050</p> <p>City Salem State OR Zip Code 97308</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Darlene Hooley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District 5</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p>             |  | <p>Transaction ID: 11854408</p> <p>Date of Disbursement<br/>09 / 26 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Moore For Congress</b></p> <p>Mailing Address PO Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District 3</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p>     |  | <p>Transaction ID: 11854448</p> <p>Date of Disbursement<br/>09 / 26 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Levin For Congress</b></p> <p>Mailing Address 230 North Avenue</p> <p>City Mt. Clemens State MI Zip Code 48043</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District 12</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/>Other (specify) ▼</p> |  | <p>Transaction ID: 11836994</p> <p>Date of Disbursement<br/>09 / 26 / 2005</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <p><b>3000.00</b></p>                                                                                                                                         |
| <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                               |



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

Use separate schedule(s)  
for each category of the  
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|                              |                              |                                        |                              |                             |                              |
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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)<br><b>A. Buck McKeon For Congress</b>                                                                               |                                                                                                    |  | Transaction ID: 11636817<br>Date of Disbursement<br>09 / 26 / 2005 |  |  |
| Mailing Address 24285 San Fernando Road                                                                                                                     |                                                                                                    |  | Amount of Each Disbursement this Period<br>1000.00                 |  |  |
| City Santa Clarita<br>State CA<br>Zip Code 91321                                                                                                            | Purpose of Disbursement<br>Contribution                                                            |  | 011<br>Category/<br>Type                                           |  |  |
| Candidate Name<br>Rep. Howard P. McKeon                                                                                                                     |                                                                                                    |  | Contribution                                                       |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA District: 25 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |                                                                    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Tim Johnson</b>                                                                                 |                                                                                                    |  | Transaction ID: 11636865<br>Date of Disbursement<br>09 / 26 / 2005 |  |  |
| Mailing Address PO Box 17087                                                                                                                                |                                                                                                    |  | Amount of Each Disbursement this Period<br>1000.00                 |  |  |
| City Urbana<br>State IL<br>Zip Code 61803                                                                                                                   | Purpose of Disbursement<br>Contribution                                                            |  | 011<br>Category/<br>Type                                           |  |  |
| Candidate Name<br>Rep. Timothy V. Johnson                                                                                                                   |                                                                                                    |  | Contribution                                                       |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IL District: 15 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |                                                                    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Schiff For Congress</b>                                                                                    |                                                                                                    |  | Transaction ID: 11637004<br>Date of Disbursement<br>09 / 26 / 2005 |  |  |
| Mailing Address 777 S. Figueroa St.<br>Suite 4050                                                                                                           |                                                                                                    |  | Amount of Each Disbursement this Period<br>1000.00                 |  |  |
| City Los Angeles<br>State CA<br>Zip Code 90017                                                                                                              | Purpose of Disbursement<br>Contribution                                                            |  | 011<br>Category/<br>Type                                           |  |  |
| Candidate Name<br>Rep. Adam B. Schiff                                                                                                                       |                                                                                                    |  | Contribution                                                       |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA District: 29 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |                                                                    |  |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                       |                                                                                                    |  | <b>3000.00</b>                                                     |  |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                  |                                                                                                    |  |                                                                    |  |  |

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

Use separate schedule(s)  
for each category of the  
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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. Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joe Wilson

Office Sought: ☒ House  
Senate  
President

State: SC District 2

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11636815

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Rahm Emanuel

Office Sought: ☒ House  
Senate  
President

State: IL District 5

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11636814

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Turner For Congress

Mailing Address 131 N. Ludlow Street Suite 317

City Dayton State OH Zip Code 45402

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael R. Turner

Office Sought: ☒ House  
Senate  
President

State: OH District 3

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11637015

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
for each category of the  
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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. Judge John Carter For Congress Committee

Mailing Address P O Box 6930

City Round Rock State TX Zip Code 78683

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John R. Carter

Office Sought: ☒ House  
Senate  
President

State: TX District: 31

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11636812

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Majority Initiative-Keep Electing Republicans

Mailing Address P.O. Box 65796

City Washington State DC Zip Code 20035

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: 11636809

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)  
C. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80128

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles W. Boustany, Jr.

Office Sought: ☒ House  
Senate  
President

State: LA District: 7

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11636816

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
for each category of the  
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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. Longhorn PAC

Mailing Address 228 S. Washington St.  
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

011  
Category/  
Type

Transaction ID: 11636808

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. House Majority Fund

Mailing Address 12329 Needlepine Terrace

City Silver Springs State MD Zip Code 20904

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

011  
Category/  
Type

Transaction ID: 11636810

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 381

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Edward Whitfield

Office Sought: ☒ House Senate President  
Disbursement For: 2006 ☒ Primary General Other (specify) ▼

State: KY District 1

011  
Category/  
Type

Transaction ID: 11582856

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)  
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|                              |                              |                                        |                              |                             |                              |
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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)<br><b>A. Fattah For Congress</b>                                                                                                                                                                                                                                                                                                                                                                                              |  | Transaction ID: 11692855<br>Date of Disbursement<br>09 / 27 / 2005         |  |
| Mailing Address 3900 Ford Road Suite 12-0<br><br>City Philadelphia State PA Zip Code 19131<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Chaka Fattah<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: PA District 2          |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Andrews For Congress Committee</b>                                                                                                                                                                                                                                                                                                                                                                                   |  | Transaction ID: 11694452<br>Date of Disbursement<br>09 / 27 / 2005         |  |
| Mailing Address 215 Fourth Avenue Suite 200<br><br>City Haddon Heights State NJ Zip Code 08035<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Robert E. Andrews<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: NJ District 1 |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Van Hollen For Congress</b>                                                                                                                                                                                                                                                                                                                                                                                          |  | Transaction ID: 11692857<br>Date of Disbursement<br>09 / 27 / 2005         |  |
| Mailing Address 10537 St. Paul Street<br><br>City Kenington State MD Zip Code 20895<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Chris Van Hollen<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: MD District 8             |  | Amount of Each Disbursement this Period<br><br>1000.00<br><br>Contribution |  |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3000.00</b>                                                             |  |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                            |  |

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

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|                              |                              |                                        |                              |                             |                              |
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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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. McCaul For Congress Inc</b></p> <p>Mailing Address 5127 Nebraska Avenue NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael T. McCaul</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District 10</p> |  | <p>Transaction ID: 11682853</p> <p>Date of Disbursement 09 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Paula Hollinger For Congress</b></p> <p>Mailing Address P.O. Box 5861</p> <p>City Baltimore State MD Zip Code 21282</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Paula Hollinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District 3</p>               |  | <p>Transaction ID: 11686209</p> <p>Date of Disbursement 09 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Anna Eshoo For Congress</b></p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District 14</p> |  | <p>Transaction ID: 11682859</p> <p>Date of Disbursement 09 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <p><b>4500.00</b></p>                                                                                                                                 |
| <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                       |

**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)<br><b>A. Ensign For Senate</b><br>Mailing Address PO Box 26568<br>City Las Vegas State NV Zip Code 89126<br>Purpose of Disbursement Contribution<br>Candidate Name Sen. John E. Ensign<br>Office Sought: House Disbursement For: 2006<br>X Senate X Primary General<br>President<br>State: NV District 2 Other (specify) ▼                       |  | Transaction ID: 11582858<br>Date of Disbursement<br>09 / 28 / 2005<br>Amount of Each Disbursement this Period<br>500.00<br>Contribution  |
| Full Name (Last, First, Middle Initial)<br><b>B. Brad Miller For United States Congress</b><br>Mailing Address P.O. Box 10322<br>City Raleigh State NC Zip Code 27605<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Bradley Miller<br>Office Sought: X House Disbursement For: 2006<br>Senate X Primary General<br>President<br>State: NC District 13 Other (specify) ▼ |  | Transaction ID: 11582860<br>Date of Disbursement<br>09 / 28 / 2005<br>Amount of Each Disbursement this Period<br>1000.00<br>Contribution |
| Full Name (Last, First, Middle Initial)<br><b>C. Dave Wu For Congress</b><br>Mailing Address B18 Sw 3rd St #1182<br>City Portland State OR Zip Code 97205<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. David Wu<br>Office Sought: X House Disbursement For: 2006<br>Senate X Primary General<br>President<br>State: OR District 1 Other (specify) ▼                    |  | Transaction ID: 11582862<br>Date of Disbursement<br>09 / 29 / 2005<br>Amount of Each Disbursement this Period<br>1000.00<br>Contribution |
| <b>SUBTOTAL of Disbursements This Page (optional)</b>                                                                                                                                                                                                                                                                                                                                    |  | <b>2500.00</b>                                                                                                                           |
| <b>TOTAL This Period (last page this line number only)</b>                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                          |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 151

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Kind For Congress Committee

Mailing Address 205 South 5th Ave  
Suite 42B

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Kind

Office Sought: ☒ House  
Senate  
President

State: WI District 3

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11582861

Date of Disbursement

09 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Neugebauer Congressional Committee

Mailing Address P.O. Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert R. Neugebauer

Office Sought: ☒ House  
Senate  
President

State: TX District 18

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11582864

Date of Disbursement

09 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)  
C. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street  
2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Henry Cuellar

Office Sought: ☒ House  
Senate  
President

State: TX District 28

Disbursement For: 2006  
☒ Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11582863

Date of Disbursement

09 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

114743.04



**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 151 / 151

|                              |                                         |                              |                              |                             |                              |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 checked="" 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. Mr. E. Michael Nunamaker

Mailing Address 2220 West Iowa Avenue

City State Zip Code  
Chickasha OK 73018-2700

Purpose of Disbursement  
Refund

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

010  
Category/  
Type

Transaction ID: 11856211

Date of Disbursement

09 / 12 / 2005

Amount of Each Disbursement this Period

500.00

Refund

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00