

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

American Hospital Association PAC

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

2. FEC IDENTIFICATION NUMBER C00106146 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 09 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 01 30 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

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| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 1038787.58 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 976259.17 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 147913.91 | 909478.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1124173.08 | 1948265.58 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 156808.83 | 980901.33 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 967364.25 | 967364.25 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 44527.48 | 304859.64 |
| (i) Itemized (use Schedule A) | 40409.17 | 206763.83 |
| (ii) Unitemized | 84936.65 | 511623.47 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 500.00 | 6750.00 |
| (c) Other Political Committees (such as PACs) | 85436.65 | 518373.47 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 62125.00 | 383525.00 |
| 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 | 2022.40 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 2500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 352.26 | 3057.13 |
| 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)) | 147913.91 | 909478.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 147913.91 | 909478.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 308.83 | 4268.23 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 308.83 | 4268.23 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 156500.00 | 975580.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 750.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 750.00 |
| 29. Other Disbursements..... | 0.00 | 303.10 |
| 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)).. | 156808.83 | 980901.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 156808.83 | 980901.33 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 85436.65 | 518373.47 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 750.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 85436.65 | 517623.47 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 308.83 | 4268.23 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 2022.40 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 308.83 | 2245.83 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. John R. Broberg | Date of Receipt MM / DD / YYYY 09 / 06 / 2007 |
| | Mailing Address 1220 Columbine Circle | Transaction ID: 14522440 |
| | City State Zip Code Salina KS 67401-9085 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Wamego City Hospital CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Vernon L. Long | Date of Receipt MM / DD / YYYY 09 / 06 / 2007 |
| | Mailing Address 3440 N.E. Kincaid | Transaction ID: 14522448 |
| | City State Zip Code Topeka KS 66617-3620 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Stormont-Vail HealthCare Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Kent E. Palmberg, , M.D. | Date of Receipt MM / DD / YYYY 09 / 06 / 2007 |
| | Mailing Address 1216 SW Westside Drive | Transaction ID: 14522460 |
| | City State Zip Code Topeka KS 66615-1236 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Stormont-Vail HealthCare Senior Vice President and Chief Medical Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|-------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Mr. David L. Knocke | | Date of Receipt |
| | Mailing Address 1500 Southwest Tenth Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 06 / 2007 |
| | City | State | Zip Code |
| | Topeka | KS | 66604-1301 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14522471 |
| Name of Employer Stormont-Vail HealthCare | | Occupation Senior Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Mr. William Caron | | Date of Receipt |
| | Mailing Address 1195 Shore Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 05 / 2007 |
| | City | State | Zip Code |
| | Cape Elizabeth | ME | 04107-2112 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14549941 |
| Name of Employer Maine Medical Center | | Occupation President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|---------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Ted Lewis | | Date of Receipt |
| | Mailing Address PO Box 7 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 05 / 2007 |
| | City | State | Zip Code |
| | Brunswick | ME | 04011-0007 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14549942 |
| Name of Employer Parkview Adventist Medical Center | | Occupation Chief Executive Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 110 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Peter E Chalke | | Date of Receipt |
| | Mailing Address 300 Main Street | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 05 / 2007 |
| | City | State | Zip Code |
| | Lewiston | ME | 04240-0305 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14549960 |
| Name of Employer Central Maine Medical Center | | Occupation President and Chief Executive Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Mark E Moore | | Date of Receipt |
| | Mailing Address P O Box 1149 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 13 / 2007 |
| | City | State | Zip Code |
| | Bloomington | IN | 47402-1149 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14550302 |
| Name of Employer Bloomington Hospital | | Occupation President and Chief Executive Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | | | |
|---|---|---------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Roger J Allman | | Date of Receipt |
| | Mailing Address P O Box 447 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 13 / 2007 |
| | City | State | Zip Code |
| | Madison | IN | 47250-0447 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14550303 |
| Name of Employer King's Daughters' Hospital and Health | | Occupation Chief Executive Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 110

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Mitch Leupp

Mailing Address P O Box 399

City State Zip Code
Stanley ND 58784-0399

FEC ID number of contributing federal political committee. C

Name of Employer
Mountrail County Medical Center

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14561953

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)
Ms. Claudia Eisenmann

Mailing Address 10326 Hwy. 10

City State Zip Code
Dickinson ND 58601-9570

FEC ID number of contributing federal political committee. C

Name of Employer
St. Joseph's Hospital and Health Centre

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14561954

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Karen Haskins

Mailing Address Post Office Box 7340

City State Zip Code
Bismarck ND 58507-7340

FEC ID number of contributing federal political committee. C

Name of Employer
North Dakota Healthcare Association

Occupation
Vice President of Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14561957

Amount of Each Receipt this Period
250.00

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 830.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. John W. Polanowicz

Mailing Address 2 Abenaki Road

City Northborough State MA Zip Code 01532-2433

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

Name of Employer UMass Memorial-Marlborough Hospital Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 19 / 2007
Transaction ID: 14569313
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Mr Gary Lapidus

Mailing Address 1 Biotech Park

City Worcester State MA Zip Code 01605-2982

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

Name of Employer UMass Memorial Health Care, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 19 / 2007
Transaction ID: 14569314
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. David J Trull

Mailing Address 1153 Centre Sreet

City Boston State MA Zip Code 02130-3400

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

Name of Employer Faulkner Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14569327
 Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Dr. David M Barrett, , M.D.

Mailing Address 41 Mall Road

City State Zip Code
Burlington MA 01805-0001

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

Name of Employer Occupation
Lahey Clinic Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14569328

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Vikram Khot

Mailing Address 43153 Unison Knoll Circle

City State Zip Code
Ashburn VA 20148-7137

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

Name of Employer Occupation
Prince William Hospital Medical Director, Psychiatric Services

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569475

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Steven E. Brown

Mailing Address 15257 Surrey House

City State Zip Code
Centreville VA 20120-1179

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

Name of Employer Occupation
Inova Fairfax Hospital Vice President & Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569476

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas M. Thompson

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

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

Name of Employer Sentara Healthcare Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2007
Transaction ID: 14569500
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Beatrice Holt

Mailing Address 11301 Morla Lane

City Nokesville State VA Zip Code 20181-1929

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

Name of Employer Prince William Hospital Occupation Nursing Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2007
Transaction ID: 14569508
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Adrian Stanton

Mailing Address 5013 Fleming Drive

City Annandale State VA Zip Code 22003-4110

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

Name of Employer Inova Fairfax Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2007
Transaction ID: 14569510
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 110

(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

A.

Full Name (Last, First, Middle Initial)
Mr Stephen K Givens

Mailing Address 351 Court Street NE

City State Zip Code
Abingdon VA 24210-2955

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

Name of Employer Occupation
Johnston Memorial Hospital Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569513

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Carl Bahnlein

Mailing Address 1701 North George Mason Drive

City State Zip Code
Arlington VA 22205-3698

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Executive Vice President and COO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569517

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Katharine M. Webb

Mailing Address 14 Bridgeway Road

City State Zip Code
Richmond VA 23226-3302

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

Name of Employer Occupation
Virginia Hospital & Healthcare Associa Senior Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569519

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Renee K Rountree

Mailing Address 245 Chesapeake Avenue

City State Zip Code
Newport News VA 23607-6038

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

Name of Employer Occupation
Riverside Rehabilitation Institute Vice President and Administrator

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569521

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr Jason Houser

Mailing Address 701 Town Center Dr.
Ste. 1000

City State Zip Code
Newport News VA 23606-4283

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

Name of Employer Occupation
Riverside Health System Vice President

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569523

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Christopher S. Bailey

Mailing Address 2814 Northlake Drive

City State Zip Code
Richmond VA 23233-3320

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

Name of Employer Occupation
Virginia Hospital & Healthcare Associa Senior Vice President

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569524

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 110

(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

A.

Full Name (Last, First, Middle Initial)
Mr. William Mason Moss

Mailing Address 2300 Opitz Boulevard

City State Zip Code
Woodbridge VA 22191-3311

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

Name of Employer Occupation
Potomac Hospital President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569530

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. M. Frank Heisey

Mailing Address 238 Fairway Circle

City State Zip Code
Cross Junction VA 22625-2018

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

Name of Employer Occupation
Valley Health System Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569814

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Richard D Travers, , M.D.

Mailing Address P O Box 2610

City State Zip Code
Manassas VA 20108-0867

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

Name of Employer Occupation
Prince William Hospital Vice President, Medical Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: 14569817

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 110
(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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas C. Jividen

Mailing Address 2713 Greenhill Avenue

City Lynchburg State VA Zip Code 24503-2923

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

Name of Employer Centra Health Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2007
Transaction ID: 14569821
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. John Borg

Mailing Address 140 Stonebrook Road

City Winchester State VA Zip Code 22602-6612

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

Name of Employer Valley Health System Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2007
Transaction ID: 14569825
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. John F. Duval

Mailing Address 3307 Brewton Way

City Midlothian State VA Zip Code 23113-3793

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

Name of Employer VCU Health System Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2007
Transaction ID: 14569826
 Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Ellen Zane, , CHE

Mailing Address 750 Washington Street

City State Zip Code
Boston MA 02111-1845

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

Name of Employer Tufts-New England Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: 14570630

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. John M Fraser

Mailing Address 8511 West Dodge Road

City State Zip Code
Omaha NE 68114-3415

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

Name of Employer Nebraska Methodist Health System, Inc.
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: 14570633

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 11 Steeplechase Road

City State Zip Code
Fredericksburg VA 22405-3312

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

Name of Employer Medisorp Health System
Occupation Vice President of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 14571227

Amount of Each Receipt this Period
250.00

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

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 110 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Ms Joan Roscoe | | Date of Receipt |
| | Mailing Address P O Box 3340 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2007 |
| | City | State | Zip Code |
| | Winchester | VA | 22604-1334 |
| | FEC ID number of contributing federal political committee. | <input type="text"/> C <input type="text"/> | Transaction ID: 14571228 |
| Name of Employer Winchester Medical Center | | Occupation Chief Information Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|--|---|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Emory W. Tibbs, Jr. | | Date of Receipt |
| | Mailing Address Belleview Ave. at Jefferson Street | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2007 |
| | City | State | Zip Code |
| | Roanoke | VA | 24014 |
| | FEC ID number of contributing federal political committee. | <input type="text"/> C <input type="text"/> | Transaction ID: 14571233 |
| Name of Employer Carilion Health System | | Occupation Trustee | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mr Lewis C Addison | | Date of Receipt |
| | Mailing Address 1920 Atherholt Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2007 |
| | City | State | Zip Code |
| | Lynchburg | VA | 24501-1104 |
| | FEC ID number of contributing federal political committee. | <input type="text"/> C <input type="text"/> | Transaction ID: 14571252 |
| Name of Employer Centra Health | | Occupation Senior Vice President and Chief Financial Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 750.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 110
(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

| | | | |
|---|---|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Elizabeth Long | | Date of Receipt |
| | Mailing Address 7723 Stuart Hall Road | | <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2007"/> |
| | City | State | Zip Code |
| | Richmond | VA | 23229-6615 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Virginia Hospital & Healthcare Associa | | Occupation Vice President | Transaction ID: 14571265 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mr. J. Andrew Byrd | | Date of Receipt |
| | Mailing Address 9263 Fawnlily Court | | <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2007"/> |
| | City | State | Zip Code |
| | Manassas | VA | 20110-6082 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Prince William Hospital | | Occupation Administrator | Transaction ID: 14571266 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. John D. Clough, MD | | Date of Receipt |
| | Mailing Address 1760 Carriage Place | | <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/> |
| | City | State | Zip Code |
| | Gates Mills | OH | 44040-9755 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Cleveland Clinic Foundati-on | | Occupation Director of Health Affairs | Transaction ID: 14576860 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 110
(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

A.

Full Name (Last, First, Middle Initial)

Mr. William W Harding

Mailing Address 659 Boulevard

City State Zip Code
Dover OH 44622-2077

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

Name of Employer Occupation
Union Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14576861

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Terry G Hoff

Mailing Address P O Box 5020

City State Zip Code
Minot ND 58702-5020

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

Name of Employer Occupation
Trinity Health President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14576919

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

Mr. Victor A Broccolino

Mailing Address 5755 Cedar Lane

City State Zip Code
Columbia MD 21044-2999

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

Name of Employer Occupation
Howard County General Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14577238

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

630.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Mr M. James Kaufman | | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| Mailing Address 901 S. Bond Street Suite 540 | | Transaction ID: 14577239 |
| City Baltimore | State MD | Zip Code 21231-3305 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Johns Hopkins Health System | Occupation Director, Government Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Mr. Thomas R Mullen | | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| Mailing Address 301 St Paul Place | | Transaction ID: 14577242 |
| City Baltimore | State MD | Zip Code 21202-2102 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Mercy Medical Center | Occupation President and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Ms. Linda Robertson | | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| Mailing Address 901 South Bond Street Suite 540 | | Transaction ID: 14577244 |
| City Baltimore | State MD | Zip Code 21231-3305 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer Johns Hopkins Hospital | Occupation VP, Gov't, Community and Public Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas Lewis

Mailing Address 1234 Washington Drive

City State Zip Code
Annapolis MD 21403-4700

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

Name of Employer Occupation
Johns Hopkins Hospital Director, State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14577245

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kenneth L. Kuebler

Mailing Address 1004 Carriage Court

City State Zip Code
Jefferson City MO 65109-5741

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

Name of Employer Occupation
Missouri Hospital Association Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14577251

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City State Zip Code
Hollister MO 65672-5725

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

Name of Employer Occupation
Skaggs Community Health Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14577252

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **542.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 110
(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

A. Full Name (Last, First, Middle Initial)
Dr. David Levin, MD.

Mailing Address 1476 Bridge Point Trail

City State Zip Code
Suffolk VA 23432-1320

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

Name of Employer Occupation
Sentara Healthcare Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14579682

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Carl Manley

Mailing Address 408 Bracey Way

City State Zip Code
Chesapeake VA 23323-6650

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

Name of Employer Occupation
Sentara Bayside Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14579683

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Andrew P. Weddle

Mailing Address 2708 Sandy Valley Road

City State Zip Code
Virginia Beach VA 23452-7751

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

Name of Employer Occupation
Sentara Bayside Hospital Vice President, Revenue Cycle

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14579686

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Christopher R Mosley

Mailing Address P O Box 2028

City Chesapeake State VA Zip Code 23327-2028

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

Name of Employer Chesapeake General Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14579705
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Joanne Guttiph, MD

Mailing Address 7965 Valderrama Ct.

City Gainesville State VA Zip Code 20155-2825

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

Name of Employer Prince William Hospital Occupation Physician/Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14581319
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ms Eleanor F Bradshaw

Mailing Address 601 Pembroke Avenue Apt. 707

City Norfolk State VA Zip Code 23502-2286

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

Name of Employer Lake Taylor Transitional Care Hospital Occupation Director Development and Government Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14581323
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Grace Hines

Mailing Address 170 Spoon Court

City Yorktown State VA Zip Code 23693-5591

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

Name of Employer Sentara Healthcare Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2007

Transaction ID: 14581325

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Virginia Blair

Mailing Address 4109 Plymbridge Lane

City Woodbridge State VA Zip Code 22192-5133

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

Name of Employer Prince William Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2007

Transaction ID: 14581326

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Amy Adome

Mailing Address 11702 Ravenscalw Lane 106

City Fredericksburg State VA Zip Code 22407-3317

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

Name of Employer Medisorp Health System Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2007

Transaction ID: 14581332

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 110

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Fred M Rankin, III

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code
Fredericksburg VA 22401-4453

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

Name of Employer Occupation
Mary Washington Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14581345

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bertram Reese

Mailing Address 1513 Quail Point Road

City State Zip Code
Virginia Beach VA 23454-3115

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

Name of Employer Occupation
Sentara Healthcare VP & Chief Information Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14581347

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Patrick B Nolan

Mailing Address 1000 Shenandoah Avenue

City State Zip Code
Front Royal VA 22630-3547

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14581354

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | | | |
|---|---|-----------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Joseph Daniel | | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 | | |
| | Mailing Address Post Office Box 1148 | | Transaction ID: 14581355 | | |
| | City Culpeper | State VA | Zip Code 22701-6148 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Culpepper Regional Hospital | Occupation Trustee | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Mary L. Blunt | | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 | | |
| | Mailing Address 801 Hidden Harbor Ct. | | Transaction ID: 14581357 | | |
| | City Chesapeake | State VA | Zip Code 23322-7076 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Sentara Healthcare | Occupation President | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|---------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Ms. Cynda Tipple | | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 | | |
| | Mailing Address 973 N. Potomac Street | | Transaction ID: 14581358 | | |
| | City Arlington | State VA | Zip Code 22205-1649 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Prince William Hospital | Occupation Chief Operating Officer | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Rodger H Baker

Mailing Address 500 Hospital Drive

City State Zip Code
Warrenton VA 20186-3027

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

Name of Employer Occupation
Fauquier Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14581359

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Robin Depaoli

Mailing Address 8317 Stonewall Drive

City State Zip Code
Vienna VA 22180-6949

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Senior Vice President & CFO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14581360

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. E. George Middleton, Jr.

Mailing Address 1518 South Sea Breeze Trail

City State Zip Code
Virginia Beach VA 23452-4748

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

Name of Employer Occupation
Sentara Healthcare Trustee

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14581362

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David L Bernd

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

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

Name of Employer Sentara Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14581363
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sandra J. Miller

Mailing Address 379 Dorwin Drive

City Norfolk State VA Zip Code 23502-5707

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

Name of Employer Sentara Healthcare Occupation Director, Gov't Relations and Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14581364
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Sean S McMurray, , FACHE

Mailing Address 351 Court Street NE

City Abingdon State VA Zip Code 24210-2955

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

Name of Employer Johnston Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14581365
 Amount of Each Receipt this Period: 250.00

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

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr Gary R Yates | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| | Mailing Address 1065 Downshire Chase | Transaction ID: 14581366 |
| | City State Zip Code Virginia Beach VA 23452-6155 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Sentara Healthcare Chief Medical Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Michael J Schwartz | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| | Mailing Address P O Box 2610 | Transaction ID: 14583117 |
| | City State Zip Code Manassas VA 20108-0867 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Prince William Hospital President and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr Xavier Richardson | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| | Mailing Address 8121 Lee Jackson Circle | Transaction ID: 14583118 |
| | City State Zip Code Spotsylvania VA 22553-3819 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Medicorp Health System Vice President Corporate Development | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Laurens Sartoris

Mailing Address 7 East Glenbrooke Circle

City State Zip Code
Richmond VA 23229-8001

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

Name of Employer Occupation
Virginia Hospital & Healthcare Associa President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14583119

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Mark Lawrence

Mailing Address 2509 Nottingham Road, SE

City State Zip Code
Roanoke VA 24014-3409

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

Name of Employer Occupation
Carilion Health System VP, Governmental and External Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14583120

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 3240 Page Avenue
Suite # 101

City State Zip Code
Virginia Beach VA 23451-1063

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

Name of Employer Occupation
Sentara Healthcare Vice President & Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14583126

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Erie J. Hebert, Jr., FAHCE | Date of Receipt MM / DD / YYYY 09 / 24 / 2007 |
| | Mailing Address 1101 Medical Center Blvd. | Transaction ID: 14583357 |
| | City State Zip Code Marrero LA 70072-3191 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: West Jefferson Medical Center Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Roger C LeDoux | Date of Receipt MM / DD / YYYY 09 / 24 / 2007 |
| | Mailing Address 1020 Fertitta Boulevard | Transaction ID: 14583358 |
| | City State Zip Code Leesville LA 71446-4697 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Byrd Regional Hospital Occupation: Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA | Date of Receipt MM / DD / YYYY 09 / 24 / 2007 |
| | Mailing Address 9521 Brookline Avenue | Transaction ID: 14583360 |
| | City State Zip Code Baton Rouge LA 70809-8409 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Louisiana Hospital Association Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Leslie D Hirsch, , FACHE | Date of Receipt MM / DD / YYYY 09 / 24 / 2007 |
| | Mailing Address 1401 Foucher Street | Transaction ID: 14583361 |
| | City State Zip Code New Orleans LA 70115-3515 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Touro Rehabilitation Center | Occupation President and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Stephen F Wright | Date of Receipt MM / DD / YYYY 09 / 24 / 2007 |
| | Mailing Address 3330 Masonic Drive | Transaction ID: 14583362 |
| | City State Zip Code Alexandria LA 71301-3899 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CHRISTUS St. Frances Cabrini Hospital | Occupation President and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Ms Susan Doherty | Date of Receipt MM / DD / YYYY 09 / 24 / 2007 |
| | Mailing Address 720 Fourth Street North | Transaction ID: 14583372 |
| | City State Zip Code Fargo ND 58122-4520 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Manager Public Policy and Government R | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1080.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Evelyn D. Quigley

Mailing Address 253 Prairiewood Drive

City State Zip Code
Fargo ND 58103-4625

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

Name of Employer Occupation
MeritCare Medical Center Sr. Executive - CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: 14584609

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Timothy A. Hatfield

Mailing Address Hwy. 39 House # 3816

City State Zip Code
Hardy KY 41531

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

Name of Employer Occupation
Williamson ARH Hospital Community Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: 14606454

Amount of Each Receipt this Period

415.00

C.

Full Name (Last, First, Middle Initial)
Mr. James H Taylor, , FACHE

Mailing Address 530 South Jackson Street

City State Zip Code
Louisville KY 40202-1675

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

Name of Employer Occupation
University of Louisville Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2007

Transaction ID: 14606456

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1665.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Teresa Stroud

Mailing Address Post Office Box 35070

City State Zip Code
Louisville KY 40232-5070

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

Name of Employer Occupation
Norton Healthcare Associate Administrative Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2007

Transaction ID: 14609146

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. John Countzler

Mailing Address 259 Ridgecrest Place

City State Zip Code
Owensboro KY 42301-8461

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

Name of Employer Occupation
Owensboro Medical Health System Senior Vice President-Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 14611149

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Kathryn Cook

Mailing Address 85 North Grand Avenue

City State Zip Code
Fort Thomas KY 41075-1793

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

Name of Employer Occupation
St. Luke Hospital West Director Administrative and Corporate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 14611151

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 110

(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

A.

Full Name (Last, First, Middle Initial)
Mr Elmer Cummings

Mailing Address 536 Sunningdale Way

City State Zip Code
Elizabethtown KY 42701-2503

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

Name of Employer Occupation
Hardin Memorial Hospital Vice President Financial Services

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 14611158

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gene L O'Hara

Mailing Address 1801 16th Street

City State Zip Code
Greeley CO 80631-5199

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

Name of Employer Occupation
North Colorado Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: 14611733

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert W Ladenburger

Mailing Address P O Box 1628

City State Zip Code
Grand Junction CO 81502-1628

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: 14611735

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Steven J. Summer

Mailing Address 7335 East Orchard Road
Suite 100

City State Zip Code
Greenwood Village CO 80111-2582

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

Name of Employer Colorado Hospital Association
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2007

Transaction ID: 14611737

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Lesley Radocy

Mailing Address 100 Health Park Drive

City State Zip Code
Louisville CO 80027-9583

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

Name of Employer Avista Adventist Hospital
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2007

Transaction ID: 14611748

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. James Schmerling

Mailing Address 1056 East 19th Avenue

City State Zip Code
Denver CO 80218-1007

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

Name of Employer The Children's Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2007

Transaction ID: 14611752

Amount of Each Receipt this Period
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Cheryl Bentley

Mailing Address 1600 Prairie Center Pkwy.

City State Zip Code
Brighton CO 80601

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

Name of Employer Occupation
Platte Valley Medical Center Vice President Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 14611763

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Ron Branish

Mailing Address 3425 South Clarkson Street

City State Zip Code
Englewood CO 80113-2899

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

Name of Employer Occupation
Craig Hospital Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 14611764

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dennis O'Malley

Mailing Address 3425 South Clarkson Street

City State Zip Code
Englewood CO 80113-2899

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

Name of Employer Occupation
Craig Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 14611765

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Mary M. Yost

Mailing Address 924 Riva Ridge Boulevard

City State Zip Code
Gahanna OH 43230-3825

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

Name of Employer Occupation
Ohio Hospital Association Vice President, Public Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: 14615214

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Douglas W McNeill, , FACHE

Mailing Address 105 McKnight Drive

City State Zip Code
Middletown OH 45044-4838

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: 14615215

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. James R Pancoast

Mailing Address 2222 Philadelphia Drive

City State Zip Code
Dayton OH 45406-1813

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

Name of Employer Occupation
Good Samaritan Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: 14615216

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City Columbia State MO Zip Code 65203-9017

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

Name of Employer Missouri Hospital Association
Occupation Senior VP, Commc. & Health Improvement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2007
Transaction ID: 14615488
Amount of Each Receipt this Period 27.76

B.

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

Mailing Address 12675 Riviera Heights Road

City Holts Summit State MO Zip Code 65043-2039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2007
Transaction ID: 14615493
Amount of Each Receipt this Period 111.04

C.

Full Name (Last, First, Middle Initial)
Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive
P.O. Box 60

City Jefferson City State MO Zip Code 65109-0755

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

Name of Employer Missouri Hospital Association
Occupation Sr. Vice President, Governmental Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2007
Transaction ID: 14615497
Amount of Each Receipt this Period 61.04

SUBTOTAL of Receipts This Page (optional) ► 199.84

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff | | Date of Receipt |
| | Mailing Address 5119 Coventry Way | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2007 |
| | City | State | Zip Code |
| | Jefferson City | MO | 65101-8284 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14615500 |
| Name of Employer Missouri Hospital Association | | Occupation Senior Vice President & CFO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 27.76 |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Gerald M. Sill, J.D. | | Date of Receipt |
| | Mailing Address 2906 Valley View Terrace | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2007 |
| | City | State | Zip Code |
| | Jefferson City | MO | 65109-1069 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14615504 |
| Name of Employer Missouri Hospital Association | | Occupation Senior Vice President & General Counsel | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | <input type="text"/> 27.76 |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Marc D. Smith | | Date of Receipt |
| | Mailing Address 5612 Tanner Bridge Road | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2007 |
| | City | State | Zip Code |
| | Jefferson City | MO | 65101-8275 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 14615505 |
| Name of Employer Missouri Hospital Association | | Occupation President and Chief Executive Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 888.88 | <input type="text"/> 111.04 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 166.56 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr David Molmen

Mailing Address 1000 South Columbia Road

City State Zip Code
Grand Forks ND 58201-4032

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

Name of Employer Occupation
Altru Health System Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: 14615852

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Russell M Knight

Mailing Address 250 Mercy Drive

City State Zip Code
Dubuque IA 52001-7320

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

Name of Employer Occupation
Mercy Medical Center-Dubu- que President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14623208

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mary Ann Osborn, RN, MA

Mailing Address 1026 A Avenue

City State Zip Code
Cedar Rapids IA 52402-5036

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

Name of Employer Occupation
St. Luke's Hospital Vice President, Chief Clinical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14623211

Amount of Each Receipt this Period
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 110
(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 |
| | | | | | | | 17 |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Leo A. Bressanelli

Mailing Address 1227 East Rusholme Street

City State Zip Code
Davenport IA 52803-2498

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

Name of Employer Genesis Health System Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14623216

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dan Sheehan

Mailing Address 407 South White Street

City State Zip Code
Mount Pleasant IA 52641-2262

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

Name of Employer Henry County Health Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14623218

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Allen E Pohren

Mailing Address P O Box 498

City State Zip Code
Red Oak IA 51566-0498

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

Name of Employer Montgomery County Memorial Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14623219

Amount of Each Receipt this Period
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Theodore E Townsend

Mailing Address P O Box 3026

City State Zip Code
Cedar Rapids IA 52406-3026

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14623220
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. John E Knox, , FACHE

Mailing Address 350 North Grandview Avenue

City State Zip Code
Dubuque IA 52001-6392

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

Name of Employer Finley Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14623221
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael D Trachta

Mailing Address 312 Ninth Street SW

City State Zip Code
Waverly IA 50677-2929

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

Name of Employer Waverly Health Center Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14623222
Amount of Each Receipt this Period: 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 110 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| | Mailing Address 1 St Joseph's Drive | Transaction ID: 14623229 |
| | City State Zip Code Centerville IA 52544-9017 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Mercy Medical Center-Centerville | Occupation President and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Sandra L. McIntosh, RN, MA, CN | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| | Mailing Address 1208 Woodland Dr. SE | Transaction ID: 14623230 |
| | City State Zip Code Cedar Rapids IA 52403-9076 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer St. Luke's Hospital | Occupation Director, Emergency Medical/Surgical | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Richard A Seidler, , FACHE | Date of Receipt MM / DD / YYYY 09 / 17 / 2007 |
| | Mailing Address 1825 Logan Avenue | Transaction ID: 14623232 |
| | City State Zip Code Waterloo IA 50703-1916 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Allen Memorial Hospital | Occupation Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

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

FOR LINE NUMBER: PAGE 46 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City State Zip Code
Cedar Rapids IA 52403-1251

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14623234

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul Dougherty

Mailing Address P O Box 3168

City State Zip Code
Sioux City IA 51102-3168

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

Name of Employer Occupation
Mercy Medical Center-Sioux City President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14623235

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles R Miller

Mailing Address P O Box 250

City State Zip Code
Sheldon IA 51201-0250

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

Name of Employer Occupation
Sanford Sheldon Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: 14623236

Amount of Each Receipt this Period
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert R Sellers

Mailing Address 631 North Eighth Street

City State Zip Code
Missouri Valley IA 51555-1199

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

Name of Employer Occupation
Alegent Health Community Regional Administrator
Memorial Hosp

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: 14623238

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. David R. Hewett

Mailing Address 5813 Tomar Road

City State Zip Code
Sioux Falls SD 57108-4661

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

Name of Employer Occupation
South Dakota Assoc. of He- President & Chief Executive Officer
althcare Orga

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: 14625009

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kelby K Krabbenhoft

Mailing Address P O Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sanford Health President and Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: 14625051

Amount of Each Receipt this Period
250.00

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

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 48 / 110 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Becky Nelson

Mailing Address P O Box 5039
1305 West 18th Street

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Sanford University of South Dakota Med
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14625052

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Dana Ferrell

Mailing Address 3303 Park Street

City State Zip Code
Jacksonville FL 32205-7830

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

Name of Employer Nemours Children's Clinic
Occupation Director of Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14625431

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Lars Houmann

Mailing Address 601 East Rollins Street

City State Zip Code
Orlando FL 32803-1248

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

Name of Employer Florida Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
522.50

Date of Receipt
MM / DD / YYYY
09 / 17 / 2007

Transaction ID: 14625444

Amount of Each Receipt this Period
522.50

SUBTOTAL of Receipts This Page (optional) ► **1022.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Dantuluri Raju

Mailing Address 3304 SE 17th Court

City Ocala State FL Zip Code 34471-6793

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

Name of Employer: Munroe Regional Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: 14625450
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sue Kinder

Mailing Address Post Office Box 235

City Frederick State OK Zip Code 73542-0235

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

Name of Employer: Memorial Hospital and Physician Group
Occupation: Director, Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 12 / 2007
Transaction ID: 14626179
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Barbara Oestmann

Mailing Address P O Box 727

City Alva State OK Zip Code 73717-0727

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

Name of Employer: Share Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 12 / 2007
Transaction ID: 14626181
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 110
(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

A.

Full Name (Last, First, Middle Initial)

Mr. Lewis T Peoples

Mailing Address P O Box 2400

City State Zip Code
Hopkinsville KY 42241-2400

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

Name of Employer Occupation
Jennie Stuart Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 14632959

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary C. Mayhew

Mailing Address 150 Capitol Street

City State Zip Code
Augusta ME 04330-6858

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

Name of Employer Occupation
Maine Hospital Association Vice President, Government Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 14632999

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City State Zip Code
Topsham ME 04086-6109

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

Name of Employer Occupation
Maine Hospital Association President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 14633001

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 110 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr | Date of Receipt MM / DD / YYYY 09 / 14 / 2007 |
| | Mailing Address 2378 Orchard Crest Blvd. | Transaction ID: 14643012 |
| | City State Zip Code Manasquan NJ 08736-4001 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: New Jersey Hospital Association Occupation: Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski | Date of Receipt MM / DD / YYYY 09 / 14 / 2007 |
| | Mailing Address 17 Brookshire Drive | Transaction ID: 14643018 |
| | City State Zip Code Robbinsville NJ 08691-2554 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: New Jersey Hospital Association Occupation: Vice President & General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Chester B. Kaletkowski | Date of Receipt MM / DD / YYYY 09 / 14 / 2007 |
| | Mailing Address 501 West Front Street | Transaction ID: 14643079 |
| | City State Zip Code Elmer NJ 08318-1090 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: South Jersey Healthcare Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 530.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 52 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Erich Florentine

Mailing Address 9 Wyncroft Drive

City State Zip Code
Woodbine NJ 08270-3503

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

Name of Employer Occupation
South Jersey Healthcare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 14643095

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.34

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 14643096

Amount of Each Receipt this Period
35.42

C. Full Name (Last, First, Middle Initial)
Mr. Robert Brehm

Mailing Address 1199 Pleasant Valley Way

City State Zip Code
West Orange NJ 07052-1424

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

Name of Employer Occupation
Kessler Institute for Rehabilitation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 14643097

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **885.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. George F Lynn

Mailing Address 11 Fischer Road

City State Zip Code
Linwood NJ 08221-1340

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

Name of Employer Occupation
AtlantiCare President Emeritus

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 14643109

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City State Zip Code
Carmel IN 46033-4442

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

Name of Employer Occupation
Indiana Hospital & Health Association Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: 14649429

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gerald A Fornoff

Mailing Address P O Box 1389

City State Zip Code
Opelousas LA 70571-1389

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

Name of Employer Occupation
Opelousas General Health System Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2007

Transaction ID: 14922405

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

560.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 110
(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 |
| | | | | | | | 17 |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Katie Vaughan

Mailing Address 506 A East Howell Avenue

City State Zip Code
Alexandria VA 22301

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

Name of Employer American Hospital Association-Washingt Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR1034595119618

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR1045726219618

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR1125613619618

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 110 |
| | (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

| | | |
|-------------------------------------|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Alex White, Jr. | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address One North Franklin | Transaction ID: PR1339349919618 |
| | City State Zip Code Chicago IL 60606-3436 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$60.00 Bi-Weekly) |
| | Name of Employer American Hospital Association Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 1140.00 | | |

| | | |
|------------------------------------|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Frances Margolin | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address One North Franklin | Transaction ID: PR1347702719618 |
| | City State Zip Code Chicago IL 60606-3436 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$25.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation Vice President, Operatinos HRET Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 350.00 | | |

| | | |
|------------------------------------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay | Date of Receipt M M / D D / Y Y Y Y Y |
| | Mailing Address One North Franklin | Transaction ID: PR1347703619618 |
| | City State Zip Code Chicago IL 60606-3436 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$25.00 Bi-Weekly) |
| | Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 350.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 220.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 56 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Vice President Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR327629119618

Amount of Each Receipt this Period 90.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City Lake Barrington State IL Zip Code 60010-1939

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

Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR327727319618

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City Rockville State MD Zip Code 20852-3249

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

Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR327745919618

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

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

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

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR327801719618

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Organization of Nurse Executi
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR327812019618

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

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

Name of Employer American Hospital Association-Washingt
Occupation Director, Policy Development

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR327851919618

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

180.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 110
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Executive Director, AHAPAC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR327858019618

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 739.33

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR327877819618

Amount of Each Receipt this Period 86.98

P/R Deduction (\$43.22 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR327895719618

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **216.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 / /

Transaction ID: PR328132819618

Amount of Each Receipt this Period 90.00

P/R Deduction (\$45.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Lorschach

Mailing Address 204 South 7th Avenue

City La Grange State IL Zip Code 60525-6406

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

Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 / /

Transaction ID: PR328136919618

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 / /

Transaction ID: PR328223819618

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.
 Mailing Address 13106 Vingle Lane
 City State Zip Code
 Silver Spring MD 20906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR328224919618
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack
 Mailing Address 325 Seventh Street, NW Suite 700
 City State Zip Code
 Washington DC 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR328260919618
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
 Mailing Address 1221 Cavalier Road
 City State Zip Code
 Arnold MD 21012-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR328310419618
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **280.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 110

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen

Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

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

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

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312719618

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Director, Political Action & Grassroot

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341819618

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
952.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511819618

Amount of Each Receipt this Period

95.20

P/R Deduction (\$47.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

275.20

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 62 / 110 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell | Date of Receipt |
| | Mailing Address 909 N. Madison St. | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | City State Zip Code Arlington VA 22205-1655 | Transaction ID: PR328512019618 |
| | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period <input type="text"/> 40.00 |
| | Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 400.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey | Date of Receipt |
| | Mailing Address One North Franklin Street | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | City State Zip Code Chicago IL 60606 | Transaction ID: PR329013419618 |
| | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period <input type="text"/> 50.00 |
| | Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Ab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 350.00 | P/R Deduction (\$25.00 Bi-Weekly) |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD | Date of Receipt |
| | Mailing Address One North Franklin | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | City State Zip Code Chicago IL 60606-3436 | Transaction ID: PR329071319618 |
| | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period <input type="text"/> 100.00 |
| | Name of Employer American Hospital Association-Chicago Occupation President & COO, Leadership & Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 700.00 | P/R Deduction (\$50.00 Bi-Weekly) |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 190.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 63 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.58

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR329084419618
 Amount of Each Receipt this Period 43.48
 P/R Deduction (\$21.72 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR329215719618
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas Misfeldt

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR330411619618
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 193.48

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 64 / 110 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca | | Date of Receipt |
| | Mailing Address 4960 138th Circle West | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | City | State | Zip Code |
| | Apple Valley | MN | 55124-9229 |
| | FEC ID number of contributing federal political committee. | | C <input type="text"/> |
| Name of Employer American Hospital Association-Chicago | | Occupation Regional Executive | Transaction ID: PR330475419618 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 800.00 | Amount of Each Receipt this Period <input type="text"/> 80.00 |
| | | | P/R Deduction (\$40.00 Bi-Weekly) |

| | | | |
|---|--|---|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard | | Date of Receipt |
| | Mailing Address 6109 North 9th Road | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | City | State | Zip Code |
| | Arlington | VA | 22205-1609 |
| | FEC ID number of contributing federal political committee. | | C <input type="text"/> |
| Name of Employer American Hospital Association-Washingt | | Occupation Sr. Associate Director | Transaction ID: PR330534319618 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 350.00 | Amount of Each Receipt this Period <input type="text"/> 50.00 |
| | | | P/R Deduction (\$25.00 Bi-Weekly) |

| | | | |
|---|--|---|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Gene O'Dell | | Date of Receipt |
| | Mailing Address 530 North Lakeshore Drive Unit 2303 | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | City | State | Zip Code |
| | Chicago | IL | 60611-7424 |
| | FEC ID number of contributing federal political committee. | | C <input type="text"/> |
| Name of Employer American Hospital Association-Chicago | | Occupation Vice President, Strategic Planning | Transaction ID: PR330547719618 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 280.00 | Amount of Each Receipt this Period <input type="text"/> 40.00 |
| | | | P/R Deduction (\$20.00 Bi-Weekly) |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 170.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 110
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR330549219618

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation V.P., Advocacy & Member Communications

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 434.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR330776119618

Amount of Each Receipt this Period
43.48

P/R Deduction (\$21.74 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave

City State Zip Code
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt
Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 384.78

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR331304219618

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.02 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

121.96

TOTAL This Period (last page this line number only)

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 66 / 110 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alexander R. White, Jr.
Mailing Address PO Box 15587

City Austin State TX Zip Code 78761-5587

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

Name of Employer American Hospital Association Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1197.69

Date of Receipt / /

Transaction ID: PR331416019618

Amount of Each Receipt this Period 120.00

P/R Deduction (\$62.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City Falls Church State VA Zip Code 22046-2613

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt / /

Transaction ID: PR331533219618

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHRM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt / /

Transaction ID: PR346168119618

Amount of Each Receipt this Period 41.66

P/R Deduction (\$20.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **241.66**

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 / 110 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Ms. Kristin Welsh | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address 325 Seventh Street, NW Suite 700 | | Transaction ID: PR517619719618 |
| City Washington | State DC | Zip Code 20004-2818 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 78.40 |
| Name of Employer American Hospital Association-Washingt | Occupation Senior Director Executive Branch Relat | P/R Deduction (\$39.20 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 764.80 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address 606 South Royal Street | | Transaction ID: PR766023719618 |
| City Alexandria | State VA | Zip Code 22314-4142 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.48 |
| Name of Employer American Hospital Association-Washingt | Occupation Senior Associate Director, Policy | P/R Deduction (\$57.50 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 346.30 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 116.88 |
| TOTAL This Period (last page this line number only) | 44527.48 |

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

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

FOR LINE NUMBER: PAGE 68 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: 14548425

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Montana Hospital Association PAC - Federal Fund

Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7200.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: 14549861

Amount of Each Receipt this Period
7200.00

C. Full Name (Last, First, Middle Initial)
Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
58000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: 14568555

Amount of Each Receipt this Period
13000.00

SUBTOTAL of Receipts This Page (optional) ► **30200.00**

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

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

| | | |
|---|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 69 / 110 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC | | Date of Receipt |
| Mailing Address One Empire Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| City State Zip Code Rensselaer NY 12144 | | <input type="text"/> 09 / <input type="text"/> 20 / <input type="text"/> 2007 |
| FEC ID number of contributing federal political committee. C C00160259 | | Transaction ID: 14570568 |
| Name of Employer Occupation | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 30000.00 |
| Aggregate Year-to-Date ▼ | | |
| <input type="text"/> 65000.00 | | |

B.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC | | Date of Receipt |
| Mailing Address 5510 Research Park Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| City State Zip Code Madison WI 53725-9038 | | <input type="text"/> 09 / <input type="text"/> 11 / <input type="text"/> 2007 |
| FEC ID number of contributing federal political committee. C C00359455 | | Transaction ID: 14571267 |
| Name of Employer Occupation | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 1925.00 |
| Aggregate Year-to-Date ▼ | | |
| <input type="text"/> 8525.00 | | |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 31925.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 62125.00 |

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 70 / 110 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) Citibank, F.S.B. | | Date of Receipt |
| Mailing Address 1400 G Street, NW | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2007 |
| City | State | Zip Code |
| Washington | DC | 20005 |
| FEC ID number of contributing federal political committee. | | Transaction ID: 14640749 |
| <input type="text"/> C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 352.26 |
| Name of Employer | Occupation | Interest |
| | | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text"/> 3057.13 | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 352.26 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 352.26 |

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

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

FOR LINE NUMBER: PAGE 71 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
LifePoint Hospitals Inc. Good Government Fund

Mailing Address 103 Powell Court, Suite 200

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C** C00347955

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2007

Transaction ID: 14643499

Amount of Each Receipt this Period
500.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 500.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 110

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

| | | | |
|----|--|---|--|
| A. | Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14640752 Date of Disbursement 09 / 04 / 2007 Amount of Each Disbursement this Period 4.50 Merchant Fees | |
| B. | Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14640768 Date of Disbursement 09 / 04 / 2007 Amount of Each Disbursement this Period 80.60 Merchant Fees | |
| C. | Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14640756 Date of Disbursement 09 / 05 / 2007 Amount of Each Disbursement this Period 59.00 Merchant Fees | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 144.10 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 73 / 110

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14640779 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2007 |
| | Amount of Each Disbursement this Period 92.81 Merchant Fees |
| B. Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14640786 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2007 |
| | Amount of Each Disbursement this Period 71.92 Bank Fee |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 164.73 |
| TOTAL This Period (last page this line number only) | 308.83 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2007 Contribution
Candidate Name

011
Category/
Type

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

Transaction ID: 14548359
Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

15000.00

2007 Contribution

B.

Full Name (Last, First, Middle Initial)
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution
Candidate Name
Rep. Frank Pallone, Jr.

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NJ District: 06

Transaction ID: 14548367
Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
People For Patty Murray U.S. Senate Campaign

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2010 Contribution
Candidate Name
Sen. Patty Murray

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WA District:

Transaction ID: 14633033
Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

17000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Mike McIntyre For Congress Mailing Address P.O. Box 1 City Lumberton State NC Zip Code 28359 Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14548370 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7 | Amount of Each Disbursement this Period 1000.00 Contribution |
| B. | Full Name (Last, First, Middle Initial) Judy Biggert For Congress Mailing Address P.O. Box 637 City Hinsdale State IL Zip Code 60522 Purpose of Disbursement Contribution Candidate Name Rep. Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14548371 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7 | Amount of Each Disbursement this Period 1000.00 Contribution |
| C. | Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Street Suite 350 City San Jose State CA Zip Code 95113 Purpose of Disbursement Contribution Candidate Name Rep. Zoe Lofgren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14548361 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7 | 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>A. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund</p> <p>Mailing Address 715 Jones Street Suite 101</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14548369</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 80 F St NW Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14548364</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Synergy PAC</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14548368</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2007 Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14548362 Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Texans For Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lamar S. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577265 Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577268 Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>A.</p> <p>Full Name (Last, First, Middle Initial) Goode For Congress</p> <p>Mailing Address 235 South Main Street</p> <p>City Rocky Mount State VA Zip Code 24151</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Virgil H. Goode, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577266</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens For Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577263</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens For Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577264</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) CHC-BOLD PAC:Building our Leadership Diversity PAC</p> <p>Mailing Address Post Office Box 310</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2007 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: 14569838</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>2007 Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 06</p> | <p>Transaction ID: 14577269</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 06</p> | <p>Transaction ID: 14577271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |

| | |
|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="3000.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text" value=""/></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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City State Zip Code
St. Louis MO 63143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Russ Carnahan

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 14577272
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City State Zip Code
Laredo TX 78042

Purpose of Disbursement
Contribution

Candidate Name
Rep. Henry Cuellar

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 14643164
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Klobuchar For Minnesota

Mailing Address PO Box 4146

City State Zip Code
St Paul MN 55104

Purpose of Disbursement
2012 Contribution

Candidate Name
Amy Klobuchar

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 14577273
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

2012 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 Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Moderate Victory Fund</p> <p>Mailing Address P.O. Box 83142</p> <p>City Gaithersburg State MD Zip Code 20833</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577262</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>2007 Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577280</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>2010 Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577278</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Ron Lewis For Congress Mailing Address PO Box 307 City Elizabethtown State KY Zip Code 42702 Purpose of Disbursement Contribution Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14577276 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 Contribution |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. For Congress Mailing Address P. O. Box 909 City Columbus State GA Zip Code 31902 Purpose of Disbursement Contribution Candidate Name Rep. Sanford D. Bishop, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14577279 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 2500.00 Contribution |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) LINCPAC - Leadership in the New Century PAC Mailing Address 818 Connecticut Ave.,NW Suite 1100 City Washington State DC Zip Code 20006 Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14577274 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 2500.00 2007 Contribution |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Van Hollen

Office Sought: House
 Senate
 President

State: MD District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 14577277

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

Contribution

B.

Full Name (Last, First, Middle Initial)

Zack Space For Congress Committee

Mailing Address 714 N Wooster Avenue

City Dover State OH Zip Code 44622

Purpose of Disbursement
Contribution

Candidate Name
Mr. Zachary Space

Office Sought: House
 Senate
 President

State: OH District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 14577275

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

C.

Full Name (Last, First, Middle Initial)

Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael E. Capuano

Office Sought: House
 Senate
 President

State: MA District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 14577628

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Henry E. Brown Jr. For Congress Mailing Address P. O. Box 61886 City North Charleston State SC Zip Code 29419 Purpose of Disbursement Contribution Candidate Name Rep. Henry E. Brown, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14579840 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution |
| B. | Full Name (Last, First, Middle Initial) Bluegrass Committee Mailing Address 400 North Capitol St, NW Suite 585 City Washington State DC Zip Code 20001 Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14577286 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 2500.00 2007 Contribution |
| C. | Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns Mailing Address PO Box 308 City Silver Springs State FL Zip Code 34489 Purpose of Disbursement Contribution Candidate Name Rep. Cliff B. Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14579841 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 1000.00 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
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>A. Full Name (Last, First, Middle Initial) McCollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14580883</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Bill Shuster For Congress</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. William Franklin Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577624</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579832</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579837</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For U.S. Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Stephanie Tubbs Jones</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577626</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14580885</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> |

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson | Transaction ID: 14579829 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address PO Box 822 P.O. Box 822 | Amount of Each Disbursement this Period 1000.00 |
| | City Cape Girardeau State MO Zip Code 63702 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Category/Type 011 | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Collins For Senator | Transaction ID: 14577293 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address PO Box 1096 | Amount of Each Disbursement this Period 1000.00 |
| | City Bangor State ME Zip Code 04402 | |
| | Purpose of Disbursement Contribution Candidate Name Sen. Susan M. Collins Category/Type 011 | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Collins For Senator | Transaction ID: 14577294 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address PO Box 1096 | Amount of Each Disbursement this Period 1000.00 |
| | City Bangor State ME Zip Code 04402 | |
| | Purpose of Disbursement Contribution Candidate Name Sen. Susan M. Collins Category/Type 011 | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Ron Lewis For Congress</p> <p>Mailing Address PO Box 307</p> <p>City Elizabethtown State KY Zip Code 42702</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ron Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579864 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address P.O. Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579861 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Moore For Congress</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 State: KS District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579865 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Buck McKeon For Congress</p> <p>Mailing Address 24265 San Fernando Road</p> <p>City Santa Clarita State CA Zip Code 91321</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Howard P. McKeon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579860 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund</p> <p>Mailing Address 715 Jones Street Suite 101</p> <p>City Fort Worth State TX Zip Code 76102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14577629 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Marion Berry For Congress</p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14579520 Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Boucher For Congress Committee Mailing Address PO Box 2000 City Abingdon State VA Zip Code 24212 Purpose of Disbursement Contribution Candidate Name Rep. Rick Boucher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14578683 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution |
| B. | Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement Contribution Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14579812 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 2000.00 Contribution |
| C. | Full Name (Last, First, Middle Initial) 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: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14578026 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 1000.00 Contribution |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee | Transaction ID: 14577621 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address P.O. Box 2008 | |
| | City Murfreesboro State TN Zip Code 37133 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 | 011 Category/Type Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Peter Hoekstra For Congress | Transaction ID: 14579826 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address 1454 Cimarron Drive | |
| | City Holland State MI Zip Code 49423 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Peter Hoekstra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 | 011 Category/Type Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Crowley For Congress | Transaction ID: 14577715 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address 84-56 Grand Avenue | |
| | City Elmhurst State NY Zip Code 11373 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 | 011 Category/Type Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Friends Of Jack Kingston <hr/> Mailing Address PO Box 2133 <hr/> City Savannah State GA Zip Code 31402 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jack Kingston Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14580878 Date of Disbursement 09 / 17 / 2007 | Amount of Each Disbursement this Period 1000.00 Contribution |
| B. | Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14579817 Date of Disbursement 09 / 17 / 2007 | Amount of Each Disbursement this Period 1000.00 Contribution |
| C. | Full Name (Last, First, Middle Initial) Mike Honda For Congress <hr/> Mailing Address 50 W. San Fernando St Ste 350 <hr/> City San Jose State CA Zip Code 95113 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michael M. Honda Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14579823 Date of Disbursement 09 / 17 / 2007 | Amount of Each Disbursement this Period 1000.00 Contribution |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Lincoln Davis For Congress | Transaction ID: 14579724 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address PO Box 350 | Amount of Each Disbursement this Period 1000.00 |
| | City Jamestown State TN Zip Code 38556 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Lincoln Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Dutch Ruppertsberger For Congress | Transaction ID: 14579810 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address 22 West Padonia Road Suite C-141 | Amount of Each Disbursement this Period 1000.00 |
| | City Timonium State MD Zip Code 21093 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. C.A. Dutch Ruppertsberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Gingrey For Congress | Transaction ID: 14579517 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address PO Box U | Amount of Each Disbursement this Period 1000.00 |
| | City Marietta State GA Zip Code 30060 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Brad Miller For United States Congress

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bradley Miller

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 13

Transaction ID: 14581023

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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

Mailing Address 101 Burnsville Parkway
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Kline

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 02

Transaction ID: 14579511

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Alexander For Senate 2008 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
Sen. Lamar Alexander

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TN District:

Transaction ID: 14577385

Date of Disbursement

09 / 17 / 2007

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Contribution Candidate Name Rep. Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14580888 Date of Disbursement 09 / 17 / 2007 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Contribution |
| | Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress Mailing Address P.O. Box 45706 City Philadelphia State PA Zip Code 19149 Purpose of Disbursement Contribution Candidate Name Rep. Allyson Y. Schwartz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14579516 Date of Disbursement 09 / 17 / 2007 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Contribution |
| | Category/Type 011 |
| C. Full Name (Last, First, Middle Initial) David Davis Victory Fund Mailing Address 2016 Northwood Drive City Johnson City State TN Zip Code 37601 Purpose of Disbursement Contribution Candidate Name Mr. David Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14581026 Date of Disbursement 09 / 17 / 2007 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Contribution |
| | Category/Type 011 |

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Sires For Congress | Transaction ID: 14580874 Date of Disbursement 09 / 17 / 2007 |
| | Mailing Address 6050 Boulevard East Apt 6b | Amount of Each Disbursement this Period 1000.00 |
| | City West New York State NJ Zip Code 07093 | |
| | Purpose of Disbursement Contribution Candidate Name Albio Sires Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Frelinghuysen For Congress | Transaction ID: 14581063 Date of Disbursement 09 / 18 / 2007 |
| | Mailing Address 19 Cattano Avenue | Amount of Each Disbursement this Period 1000.00 |
| | City Morristown State NJ Zip Code 07960 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Rodney P. Frelinghuysen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Hulshof For Congress | Transaction ID: 14581052 Date of Disbursement 09 / 18 / 2007 |
| | Mailing Address PO Box 1621 | Amount of Each Disbursement this Period 1000.00 |
| | City Columbia State MO Zip Code 65205 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Kenny C. Hulshof Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 | 011 Category/Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Susan Davis For Congress | Transaction ID: 14581070 Date of Disbursement 09 / 18 / 2007 |
| | Mailing Address 144 West D St | |
| | City Encinitas State CA Zip Code 92024 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Susan A. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53 | Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc | Transaction ID: 14581029 Date of Disbursement 09 / 18 / 2007 |
| | Mailing Address 6850 Austin Centre Blvd Suite 180 | |
| | City Austin State TX Zip Code 78731 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement Contribution Candidate Name Sen. John Cornyn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: | Contribution |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc | Transaction ID: 14581039 Date of Disbursement 09 / 18 / 2007 |
| | Mailing Address 6850 Austin Centre Blvd Suite 180 | |
| | City Austin State TX Zip Code 78731 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement Contribution Candidate Name Sen. John Cornyn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: | Contribution |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Kuhl For Congress</p> <p>Mailing Address 10 Ganesvoort Street Suite 101</p> <p>City Bath State NY Zip Code 14810</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John Randall Kuhl Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14581058 Date of Disbursement: 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Gwen Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14581066 Date of Disbursement: 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Dennis A. Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14581047 Date of Disbursement: 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Walsh For Congress Committee</p> <p>Mailing Address 306 Winkworth Parkway</p> <p>City Syracuse State NY Zip Code 13215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James T. Walsh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14615892</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Christopher Shays For Congress Committee</p> <p>Mailing Address 98 East Avenue Rear Building</p> <p>City Norwalk State CT Zip Code 06851</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher Shays</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14615885</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Inslee For Congress</p> <p>Mailing Address PO Box 33027</p> <p>City Seattle State WA Zip Code 98133</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jay Inslee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14611269</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

| | |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>3000.00</p> |
| <p>TOTAL 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)

PAGE 100 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|-----------|---|--|--------------|
| A. | Full Name (Last, First, Middle Initial) Hoosiers for Hill Mailing Address PO Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement Contribution Candidate Name Mr. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14611728 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 | |
| | | Amount of Each Disbursement this Period 1000.00 | Contribution |
| B. | Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City White Plains State NY Zip Code 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615880 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 | |
| | | Amount of Each Disbursement this Period 1000.00 | Contribution |
| C. | Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee Mailing Address 76 Magnolia Terrace City Springfield State MA Zip Code 01108 Purpose of Disbursement Contribution Candidate Name Rep. Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14611252 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 | |
| | | Amount of Each Disbursement this Period 1000.00 | Contribution |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) People For English | Transaction ID: 14615897 Date of Disbursement 09 / 24 / 2007 |
| | Mailing Address PO Box 1940 | Amount of Each Disbursement this Period 1000.00 |
| | City Erie State PA Zip Code 16507 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Boswell For Congress | Transaction ID: 14615833 Date of Disbursement 09 / 24 / 2007 |
| | Mailing Address PO Box 6220 | Amount of Each Disbursement this Period 1000.00 |
| | City Des Moines State IA Zip Code 50309 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Leonard L. Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 | 011 Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel | Transaction ID: 14611803 Date of Disbursement 09 / 24 / 2007 |
| | Mailing Address P.O. Box 101124 | Amount of Each Disbursement this Period 1000.00 |
| | City Chicago State IL Zip Code 60610 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. Rahm Emanuel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 | 011 Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
PHILPAC: Prosperity Helps Inspire Liberty

Mailing Address P.O. Box 26366

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
2007 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14581301
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2007 Contribution

B. Full Name (Last, First, Middle Initial)
Battle Born PAC

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
2007 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14581298
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2007 Contribution

C. Full Name (Last, First, Middle Initial)
Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
Sen. John E. Sununu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District:

Transaction ID: 14611203
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 02</p> | <p>Transaction ID: 14611263</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) COLE PAC</p> <p>Mailing Address 12176 Chancery Station Circle</p> <p>City Reston State VA Zip Code 20190</p> <p>Purpose of Disbursement 2007 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: 14581308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>2007 Contribution</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) The Niki Tsongas Committee</p> <p>Mailing Address PO Box 1454</p> <p>City Lowell State MA Zip Code 01853</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Niki Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 05 Special-General2008</p> | <p>Transaction ID: 14615904</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 104 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) PETEPAC: People for Enterprise Trade & Econ Growth <hr/> Mailing Address 3686 King Street #146 <hr/> City Alexandria State VA Zip Code 22302 <hr/> Purpose of Disbursement 2007 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615909 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 5000.00 <hr/> 2007 Contribution |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc. <hr/> Mailing Address P.O. Box 714 <hr/> City Hackensack State NJ Zip Code 07602 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615954 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 <hr/> Contribution |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Woolsey For Congress <hr/> Mailing Address P.O. Box 750176 <hr/> City Petaluma State CA Zip Code 94975 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Lynn C. Woolsey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615948 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 <hr/> Contribution |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress Mailing Address P.O. Box 11519 City Charleston State WV Zip Code 25339 Purpose of Disbursement Contribution Candidate Name Rep. Shelley Moore Capito Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615953 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period 1000.00 |
| | | Contribution | |
| B. | Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address 230 North Avenue City Mt. Clemens State MI Zip Code 48043 Purpose of Disbursement Contribution Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615976 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period 1500.00 |
| | | Contribution | |
| C. | Full Name (Last, First, Middle Initial) People For English Mailing Address PO Box 1940 City Erie State PA Zip Code 16507 Purpose of Disbursement Contribution Candidate Name Rep. Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615971 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period 1000.00 |
| | | Contribution | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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>A. Full Name (Last, First, Middle Initial) Engel For Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14615956 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pittsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14615960 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Brian Higgins For Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Brian M. Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 14615957 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 45706 <hr/> City Philadelphia State PA Zip Code 19149 Purpose of Disbursement Contribution Candidate Name Rep. Allyson Y. Schwartz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615970 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Contribution |
| | Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Citizens For Altmire <hr/> Mailing Address PO Box 1776 <hr/> City Freedom State PA Zip Code 15042 Purpose of Disbursement Contribution Candidate Name Mr. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14615965 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Contribution |
| | Category/Type 011 |
| C. Full Name (Last, First, Middle Initial) Ellen Tauscher For Congress <hr/> Mailing Address 20 Park Road, Suite E Suite E <hr/> City Burlingame State CA Zip Code 94010 Purpose of Disbursement Contribution Candidate Name Rep. Ellen O. Tauscher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14616851 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Contribution |
| | Category/Type 011 |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 110

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>A. Full Name (Last, First, Middle Initial) Republican Majority Fund</p> <p>Mailing Address P.O. Box 1550</p> <p>City Ponca City State OK Zip Code 74602</p> <p>Purpose of Disbursement 2007 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: 14616844</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>2007 Contribution</p> |
| <p>B. Full Name (Last, First, Middle Initial) Solis For Congress</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Hilda L. Solis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 32</p> | <p>Transaction ID: 14616845</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown</p> <p>Mailing Address 2280 Kresge Drive Suite 800</p> <p>City Amherst State OH Zip Code 44001</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Sen. Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p> | <p>Transaction ID: 14616848</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>2012 Contribution</p> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 109 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) John Lewis For Congress | Transaction ID: 14616846 Date of Disbursement 09 / 27 / 2007 |
| | Mailing Address 2015 Wallace Rd. | Amount of Each Disbursement this Period 1000.00 |
| | City Atlanta State GA Zip Code 30331 | |
| | Purpose of Disbursement Contribution Candidate Name Rep. John Lewis Category/Type 011 | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson | Transaction ID: 14616850 Date of Disbursement 09 / 27 / 2007 |
| | Mailing Address 7 Cadiz Pike | Amount of Each Disbursement this Period 1000.00 |
| | City Bridgeport State OH Zip Code 43912 | |
| | Purpose of Disbursement Contribution Candidate Name Mr. Charles Wilson Category/Type 011 | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Contribution |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Jerry Weller For Congress Inc. | Transaction ID: 14633034 Date of Disbursement 09 / 28 / 2007 |
| | Mailing Address P.O. Box 2368 | Amount of Each Disbursement this Period -500.00 |
| | City Joliet State IL Zip Code 60434 | |
| | Purpose of Disbursement Void of 7/07 check Candidate Name Rep. Gerald C. Weller Category/Type 011 | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Void of 7/07 check |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | | |
|----|---|--|--|--|
| A. | Full Name (Last, First, Middle Initial) The Freedom Project | | Transaction ID: 14616852 | |
| | Mailing Address 111 C Street SE Lower Unit | | Date of Disbursement 09 / 28 / 2007 | |
| | City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement 2007 Contribution | | 011 Category/ Type | 2007 Contribution |
| | Candidate Name | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | State: | District: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

156500.00