

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00106146 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	<input checked="" type="checkbox"/> Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 05 01 2001 through 05 31 2001

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 Mr. Alfred Jackson, III

Signature of Treasurer Electronically Filed by Mr. Alfred Jackson, III Date 06 20 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From: ^h05 ^d01 ^y2001 To: ^h05 ^d31 ^y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2001		333647.34
(b) Cash on Hand at Beginning of Reporting Period	247547.82	
(c) Total Receipts (from Line 19)	55861.84	192906.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	303409.66	526554.06
7. Total Disbursements (from Line 30)	106579.81	329724.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	196829.85	196829.85
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 800-420-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: ^{MM}05 ^{DD}01 ^{YYYY}2001 To: ^{MM}05 ^{DD}31 ^{YYYY}2001

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		
(i) Itemized (use Schedule A)	31542.16	
(ii) Unitemized	14118.27	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45660.43	116882.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	45660.43	116882.51
12. Transfers From Affiliated/Other Party Committees	10000.00	74925.00
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	201.41	1099.21
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	55861.84	192906.72
20. Total Federal Receipts (subtract Line 18 from Line 19)	55861.84	192906.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	129.81	2224.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	129.81	2224.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106450.00	327500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	106579.81	329724.21
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	106579.81	329724.21
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	45660.43	116882.51
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	45660.43	116882.51
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	129.81	2224.21
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	129.81	2224.21

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 62

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

Full Name (Last, First, Middle Initial)

A. Ms. Kristen D. Morris

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 5 / 0 4 / 2 0 0 1

325 Seventh Street, NW

Suite 700

City

State

Zip Code

Washington

DC

20004-2818

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

40.00

Name of Employer

American Hospital Association-Wash-
ingl

Occupation

Vice President

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

320.00

Transaction ID: 1136442

Full Name (Last, First, Middle Initial)

B. Mr. W. Thomas Devesa

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 5 / 0 4 / 2 0 0 1

808 Babey Court

City

State

Zip Code

Nashville

TN

37221-4648

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

40.00

Name of Employer

American Hospital Association-Chi-
cago

Occupation

Regional Executive

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

320.00

Transaction ID: 1136425

Full Name (Last, First, Middle Initial)

C. Mr. Richard H. Wada

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 5 / 0 4 / 2 0 0 1

325 Seventh Street, NW

Suite 700

City

State

Zip Code

Washington

DC

20004-2818

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

40.00

Name of Employer

American Hospital Association-Wash-
ingl

Occupation

Sr. Vice President, Communications

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

320.00

Transaction ID: 1136458

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
325 Seventh Street, NW Suite 700
City State Zip Code
Washington DC 20004-2818

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

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Transaction ID: 1136445

Full Name (Last, First, Middle Initial)
B. Mr. Richard J. Davidson

Mailing Address
325 Seventh Street, NW Suite 700
City State Zip Code
Washington DC 20004-2818

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

Amount of Each Receipt this Period
43.48

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 260.68

Transaction ID: 1136424

Full Name (Last, First, Middle Initial)
C. Ms. Barbara Harness Lorabach

Mailing Address
One North Franklin Street
City State Zip Code
Chicago IL 60606

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

Amount of Each Receipt this Period
41.67

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Chicago

Occupation
Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 291.60

Transaction ID: 1136433

SUBTOTAL of Receipts This Page (optional) ▶ **125.15**

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Dallas Lorraine Carroll

Mailing Address
One North Franklin
City State Zip Code
Chicago IL 60606-3436

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2001

Amount of Each Receipt this Period
47.82

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Chicago

Occupation
Sr. Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 360.72

Transaction ID: 1136422

Full Name (Last, First, Middle Initial)
B. Dr. Susan V. White, Ph.D.

Mailing Address
6576 Magee Court
City State Zip Code
Orlando FL 32818-5344

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2001

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer
Florida Hospital Association - Orlando

Occupation
VP, Quality Management

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

Transaction ID: 1126411

Full Name (Last, First, Middle Initial)
C. Ms. Kim Strett

Mailing Address
1317 Eastin Avenue
City State Zip Code
Orlando FL 32804-6309

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2001

Amount of Each Receipt this Period
412.00

FEC ID number of contributing federal political committee.

Name of Employer
Florida Hospital Association - Orlando

Occupation
VP, Health Research & Information

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 412.00

Transaction ID: 1126410

SUBTOTAL of Receipts This Page (optional) ▶ **859.62**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 62	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
4 Derby Drive

City State Zip Code
Fredericksburg VA 22405-3315

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mary Washington Hospital President & CEO

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

Transaction ID: 1095988

B. Full Name (Last, First, Middle Initial)
Mr. Sean M. Prados, MPA

Mailing Address
9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-1431

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Louisiana Hospital Association Vice President, Federal & State Affairs

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

Transaction ID: 1299453

C. Full Name (Last, First, Middle Initial)
Ms. Lynn B. Nicholas, FACHE

Mailing Address
9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-1431

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Louisiana Hospital Association President & CEO

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

Transaction ID: 1299458

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Barbara Brown, Ph.D.

Mailing Address
11 Countryside Lane

City State Zip Code
Richmond VA 23229-7928

Date of Receipt
N M / D E / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Virginia Hospital & Healthcare Assoc Vice President

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

Transaction ID: 1095882

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

Mailing Address
248 Leigh Gate Road

City State Zip Code
Glastonbury CT 06033-4176

Date of Receipt
N M / D E / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hartford Hospital President & CEO

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

Transaction ID: 1299455

C. Full Name (Last, First, Middle Initial)
Dr. G. Wayne Rhee, Ph.D.

Mailing Address
1226 Huron Road East

City State Zip Code
Cleveland OH 44115-1702

Date of Receipt
N M / D E / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Center for Health Affairs, The President & CEO

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

Transaction ID: 1299460

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
120 South Sierra
City: Solana Beach State: CA Zip Code: 92075-1811

Date of Receipt
M / D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Bridge Medical, Inc. Occupation: President

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

Transaction ID: 1299459

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

Mailing Address
12304 Northlake Court
City: Richmond State: VA Zip Code: 23233-6635

Date of Receipt
M / D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Virginia Hospital & Healthcare Associa Occupation: V/P

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

Transaction ID: 1095984

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

Mailing Address
16008 Camino Delicada
City: Rancho Santa Fe State: CA Zip Code: 92091-4362

Date of Receipt
M / D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Sue Reeves - Resource Specialists Occupation: Government Relations/Community Liaison

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

Transaction ID: 1299457

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Scarlet L. Cardwell

Mailing Address
101 Manning Drive
City State Zip Code
Chapel Hill NC 27514-4220

Date of Receipt
M / D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of North Carolina Hospitals Director, Social Work & Continuity Car

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

Transaction ID: 1301112

Full Name (Last, First, Middle Initial)
B. Mr. Michael M. Michal

Mailing Address
1294 Sunview Lane
City State Zip Code
Winnetka IL 60093-1623

Date of Receipt
M / D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ELTSAM Corporation / Mt. Sinai Managing Partner/Trustee

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

Transaction ID: 1299458

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

Mailing Address
2 River Road
City State Zip Code
Richmond VA 23226-3310

Date of Receipt
M / D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Virginia Hospital & Healthcare Associa Sr. Vice President

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

Transaction ID: 1095987

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Joseph M. Letraunchyn

Mailing Address
1D Dimondi Court

City State Zip Code
Dover DE 19901-6259

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Delaware Healthcare Association President & CEO

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

Transaction ID: 1299454

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

Mailing Address
7 East Glenbrooke Circle Post Office Box 31394

City State Zip Code
Richmond VA 23229-8001

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Virginia Hospital & Healthcare As- sociation President

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

Transaction ID: 1095975

Full Name (Last, First, Middle Initial)
C. Mr. William T. Ryan, Jr.

Mailing Address
592 Lummingford Lane, North

City State Zip Code
Columbus OH 43214-2408

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ohio Hospital Association Vice President

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

Transaction ID: 1120236

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Lucas A. Snipes

Mailing Address
77 Gloucester Court

City State Zip Code
Trouville VA 24175-6625

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carilion Medical Center Director

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

Transaction ID: 1126284

Full Name (Last, First, Middle Initial)
B. Dr. Thomas C. Royer, M.D.

Mailing Address
6363 State Highway 161 Suite 450

City State Zip Code
Irving TX 75038-2215

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CHRISTUS Health President & CEO

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

Transaction ID: 1096308

Full Name (Last, First, Middle Initial)
C. Ms. Elizabeth A. Ryan, Esq.

Mailing Address
760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
375.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Jersey Hospital Association General Counsel

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 375.00

Transaction ID: 1102121

SUBTOTAL of Receipts This Page (optional) ▶ **1125.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 62

(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

Full Name (Last, First, Middle Initial)

A. Mr. Darrell Powers

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
05 / 14 / 2001

685 Monacan Park Road

City State Zip Code

Madison Heights VA 24572-6103

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Lynchburg General Hospital Sr. Vice President

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 1126328

Full Name (Last, First, Middle Initial)

B. Mr. Donald E. Lorton

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
05 / 14 / 2001

1141 Windy Hill Road

City State Zip Code

Goodview VA 24095-2909

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Carilion Health System Executive V.P.

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 1126259

Full Name (Last, First, Middle Initial)

C. Mr. Patrick Magon

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
05 / 14 / 2001

2900 Children's Plaza

City State Zip Code

Chicago IL 60614-3363

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Children's Memorial Hospital Hospital Administrator

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 1135891

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Mary L. V. Cleave

Mailing Address
1208 Brookview Drive

City State Zip Code
Brentwood TN 37027-8424

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tennessee Hospital Association Vice President

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

Transaction ID: 1119859

Full Name (Last, First, Middle Initial)
B. Ms. Julie Lucas

Mailing Address
77 Gloucester Court

City State Zip Code
Troutville VA 24175-6625

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carilion Health System Senior Vice President

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

Transaction ID: 1126273

Full Name (Last, First, Middle Initial)
C. Dr. Carl M. Marchetti, MD

Mailing Address
7 Matilda Drive

City State Zip Code
Ocean NJ 07712-2527

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medden Health System Senior Vice President

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

Transaction ID: 1102116

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Mark R. Gavens

Mailing Address
6D15 Poplar Hall Drive Suite 300
City State Zip Code
Norfolk VA 23502-3819

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Norfolk Gen Hosp Vice President

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

Transaction ID: 1126318

Full Name (Last, First, Middle Initial)
B. Mr. Kenneth M. Krahar

Mailing Address
11817 Canon Boulevard Suite 604
City State Zip Code
Newport News VA 23606-2569

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Healthcare Sr. Vice President

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

Transaction ID: 1126317

Full Name (Last, First, Middle Initial)
C. Dr. Rodney Hochman, MD

Mailing Address
6D15 Poplar Hall Drive Ste. 300
City State Zip Code
Norfolk VA 23502-3819

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Health System Sr. Vice President & CMO

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

Transaction ID: 1126338

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
4417 Corporation Lane

City State Zip Code
Virginia Beach VA 23462-3162

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Virginia Beach Hosp Vice President

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

Amount of Each Receipt this Period
250.00

Transaction ID: 1126298

Full Name (Last, First, Middle Initial)
B. Mr. Bann J. Greenspan

Mailing Address
820 Elmwood Avenue

City State Zip Code
Evanston IL 60202-1711

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mount Sinai Hospital Medical Center of President & Chief Executive Officer

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

Amount of Each Receipt this Period
500.00

Transaction ID: 1135890

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

Mailing Address
5501 N. Portland Avenue

City State Zip Code
Oklahoma City OK 73112-2074

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Deaconess Hospital President & Chief Executive Officer

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

Amount of Each Receipt this Period
250.00

Transaction ID: 1127581

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
1B12 Haversham Key
City Virginia Beach State VA Zip Code 23454-1160

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Health System Chief Financial Officer

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

Transaction ID: 1126283

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

Mailing Address
704 Cherry Court
City Itasca State IL Zip Code 60143-1463

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advocate Ravenswood Hospital Medical C President & CEO

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

Transaction ID: 1135888

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

Mailing Address
One North Franklin
City Chicago State IL Zip Code 60606-3438

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hospital Research & Educational Trust President, HRET

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

Transaction ID: 1298081

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Donald R. Oder

Mailing Address
1523 West Harrison Street Suite 364
City State Zip Code
Chicago IL 60607-3105

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rush-Presbyterian-St. Luke's Medical C Administration

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

Transaction ID: 1135892

Full Name (Last, First, Middle Initial)
B. Mr. Mark D. Pile

Mailing Address
One Log Road
City State Zip Code
Tabernacle NJ 08088-9730

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Saint Barnabas Health System Executive Vice President

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

Transaction ID: 1102119

Full Name (Last, First, Middle Initial)
C. Mr. McMr R. Grealay

Mailing Address
2523 St. Clair Avenue
City State Zip Code
East Liverpool OH 43920-1448

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
East Liverpool City Hospital President & Chief Executive Officer

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

Transaction ID: 1120232

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

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

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. Ann Van Slyck RN, MSN, CNAA

Mailing Address
7600 N. 18th Street Suite 200
City State Zip Code
Phoenix AZ 85020-4431

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Van Slyck & Associates	Occupation President & CEO
--------------------------------------------	-------------------------------

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

Transaction ID: 1299D83

B. Full Name (Last, First, Middle Initial)
Dr. Thomas C. Dolan, Ph.D., FACHE, CAE

Mailing Address
338 Cottage Hill
City State Zip Code
Elmhurst IL 60126-3332

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer American College of Healthcare Ex-ecuti	Occupation President & Chief Executive Officer
-------------------------------------------------------------	---------------------------------------------------

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

Transaction ID: 1299D80

C. Full Name (Last, First, Middle Initial)
Mr. Paul D. Heas, Jr.

Mailing Address
5925 Olentangy Blvd.
City State Zip Code
Worthington OH 43085-3828

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Ohio Hospital Association	Occupation Vice President, Member Services
-----------------------------------------------	-----------------------------------------------

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

Transaction ID: 1120235

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 62

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. Charles H. Bair

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Mailing Address
Post Office Box 639

City State Zip Code
Hillsboro OH 45133-0639

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Highland District Hospital Chief Executive Officer

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

Transaction ID: 1120229

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Mailing Address
One Siskin Plaza

City State Zip Code
Chattanooga TN 37403-1306

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Siskin Hosp for Physical Rehab President & CEO

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

Transaction ID: 1119955

C. Full Name (Last, First, Middle Initial)
Dr. Keith Hurt, Jr., MD

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Mailing Address
5209 Fox Ridge Road

City State Zip Code
Roanoke VA 24014-4943

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carilion Health System EVP

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

Transaction ID: 1126287

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
2300 North Edward Street

City State Zip Code
Decatur IL 62526-4163

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Decatur Memorial Hospital President & Chief Executive Officer

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

Transaction ID: 1135893

Full Name (Last, First, Middle Initial)
B. Ms. Alice Kitchen, LCSW, MPA

Mailing Address
3725 Valentine Road

City State Zip Code
Kansas City MO 64111-3839

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Children's Mercy Hospital Director, Social Work & Community Serv

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

Transaction ID: 1301339

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

Mailing Address
815 Gatehouse Lane

City State Zip Code
Columbus OH 43235-1733

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ohio Hospital Association President

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

Transaction ID: 1120233

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Daryl L. Vandervort

Mailing Address
403 East First Street

City State Zip Code
Dixon IL 61021-3116

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Katherine Shaw Bethel Hospital President & CEO

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

Transaction ID: 1135894

Full Name (Last, First, Middle Initial)
B. Mr. Stephen R. Baker

Mailing Address
3508 Belmar Boulevard

City State Zip Code
Wall NJ 07753

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Meridian Health System Vice President

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

Transaction ID: 1102109

Full Name (Last, First, Middle Initial)
C. Mr. Charles H. Whitfield, Jr.

Mailing Address
1420 Tusculum Boulevard

City State Zip Code
Greeneville TN 37745-4279

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Laughlin Memorial Hospital President & Chief Executive Officer

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

Transaction ID: 1118954

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

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Craig A. Becker

Mailing Address
500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tennessee Hospital Association President

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

Transaction ID: 1119857

Full Name (Last, First, Middle Initial)
B. Mr. James L. McLackin

Mailing Address
100 Greenway Circle

City State Zip Code
Erwin TN 37650-2177

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cumberland Medical Center Chief Executive Officer

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

Transaction ID: 1119858

Full Name (Last, First, Middle Initial)
C. Mr. Scott Bowman

Mailing Address
304 Wright Street

City State Zip Code
Sweetwater TN 37874-1161

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sweetwater Hospital Administrator

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

Transaction ID: 1119856

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Frank J. Bartell III

Mailing Address
712 West Harrison Street

City State Zip Code
Maumee OH 43537-1915

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Luke's Hospital President & CEO

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

Transaction ID: 1120230

Full Name (Last, First, Middle Initial)
B. Ms. Valerie S. Sellers

Mailing Address
205 Daval Road

City State Zip Code
Hillsborough NJ 08844-2519

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
275.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Jersey Hospital Association Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 275.00

Transaction ID: 1102123

Full Name (Last, First, Middle Initial)
C. Mr. Bart S. Reese

Mailing Address
1513 Quail Pt. Road

City State Zip Code
Virginia Beach VA 23454-3115

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Health System Vice President

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

Transaction ID: 1126300

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. John A. Miller, Jr., FACHE

Mailing Address
800 North Fant Street

City State Zip Code
Anderson SC 29621-5708

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anderson Area Medical Center President

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

Transaction ID: 1138167

Full Name (Last, First, Middle Initial)
B. Mr. Gail L. Warden

Mailing Address
250 Washington Road

City State Zip Code
Grosse Pointe MI 48230-1614

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Henry Ford Health System President & Chief Executive Officer

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

Transaction ID: 1299394

Full Name (Last, First, Middle Initial)
C. Mr. J. Larry Dozier, Jr., FACHE

Mailing Address
1325 Spring Street

City State Zip Code
Greenwood SC 29046-3800

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fairfield Memorial Hospital Chief Executive Officer

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

Transaction ID: 1138217

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Alan H. Channing

Mailing Address
1405 West 10th Street

City State Zip Code
Cleveland OH 44113-1227

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Vincent Charity Hospital President

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

Transaction ID: 1120231

Full Name (Last, First, Middle Initial)
B. Mr. Joseph A. Parker

Mailing Address
3487 Mill Bridge Drive

City State Zip Code
Marietta GA 30062-5598

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Georgia Hospital Association President

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

Transaction ID: 1299052

Full Name (Last, First, Middle Initial)
C. Mr. David E. Morton, Dr. P.H., FACHE

Mailing Address
4000 Lincoln Blvd.

City State Zip Code
Oklahoma City OK 73105-5200

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oklahoma Hospital Association Healthcare Executive

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

Transaction ID: 1127619

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Biggs W. Andrews

Mailing Address
3215 Grandis Road, S.W.
City: Roanoke State: VA Zip Code: 24018-2119

Date of Receipt
M / D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Carilion Health System Occupation: Sr. Vice President

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

Transaction ID: 1126288

Full Name (Last, First, Middle Initial)
B. Mr. William D. Kennedy

Mailing Address
1549 North Valley Road
City: Malvern State: PA Zip Code: 19355-9796

Date of Receipt
M / D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer: New Jersey Hospital Association Occupation: Vice-President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Transaction ID: 1102113

Full Name (Last, First, Middle Initial)
C. Mr. Gary W. Mitchell, CHE

Mailing Address
905 South Main Street
City: Shattuck State: OK Zip Code: 73858-9205

Date of Receipt
M / D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
275.00

FEC ID number of contributing federal political committee.

Name of Employer: Newman Memorial Hospital Occupation: Chief Executive Officer

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Transaction ID: 1127615

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Patricia A. Castle

Mailing Address
815 Gatehouse Lane
City: Columbus State: OH Zip Code: 43235-1733

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Ohio Hospital Association Occupation: President

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

Transaction ID: 1120234

Full Name (Last, First, Middle Initial)
B. Mr. Craig W. Jones, FACHE

Mailing Address
1904 Windermere Drive
City: Norman State: OK Zip Code: 73072-3005

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
462.50

FEC ID number of contributing federal political committee.

Name of Employer: Oklahoma Hospital Association Occupation: President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 462.50

Transaction ID: 1127608

Full Name (Last, First, Middle Initial)
C. Mr. Gary S. Dentar, FACHE

Mailing Address
35 DeHart Drive
City: Belle Mead State: NJ Zip Code: 08502-5419

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: New Jersey Hospital Association Occupation: President & CEO

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

Transaction ID: 1102112

SUBTOTAL of Receipts This Page (optional) ▶ **1212.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. James Moore, MD

Mailing Address
1402 Dana Drive

City State Zip Code
Blackwell OK 74631-4776

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Integris Blackwell Regional Hospital Chief Executive Officer & Administrator

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

Transaction ID: 1127617

Full Name (Last, First, Middle Initial)
B. Mr. Ronald Bannon

Mailing Address
817 Spruce Forest Ct.

City State Zip Code
Chesapeake VA 23322-7581

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sentara Virginia Beach Hosp Chief Executive Officer

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

Transaction ID: 1126287

Full Name (Last, First, Middle Initial)
C. Mr. C. A. Gutchins, III

Mailing Address
5906 Ocean Front

City State Zip Code
Virginia Beach VA 23451-2137

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bank of America/Sentara Healthcare Trustee

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

Transaction ID: 1126337

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Daniel Woods

Mailing Address
502 North Bent Treet

City State Zip Code
Effingham IL 62401-3100

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Anthony's Memorial Hospital President & CEO

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

Transaction ID: 1135895

B. Full Name (Last, First, Middle Initial)
Mr. Richard Cerceo

Mailing Address
14154 Camden Drive

City State Zip Code
Orland Park IL 60462-2383

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Vencor Hospital-Chicago Central Administrator

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

Transaction ID: 1135899

C. Full Name (Last, First, Middle Initial)
Mr. Skip Wise

Mailing Address
1266 East Church Street

City State Zip Code
Jasper GA 30143-1908

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
375.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Washington County Regional Medical Cen Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 375.00

Transaction ID: 1902851

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Robert L. Brown

Mailing Address
101 W. Ponce de Leon Avenue Suite 670
City State Zip Code
Decatur GA 30030-2533

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Grady Memorial Hospital Administrator

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

Transaction ID: 1302864

Full Name (Last, First, Middle Initial)
B. Mr. David T. Ochs

Mailing Address
610 East Water Street
City State Zip Code
Pontiac IL 61764-2143

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OSF Saint James Hospital Administrator

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

Transaction ID: 1301918

Full Name (Last, First, Middle Initial)
C. Mr. Michael L. Gilstrap

Mailing Address
2743 Bumett Road Post Office Box 272
City State Zip Code
Byron GA 31008

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central Georgia Health System Executive Vice President & COO

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

Transaction ID: 1302849

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Carol A. Frechette

Mailing Address
4837 Wingrove Blvd

City State Zip Code
Orlando FL 32819-3347

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Emsi & Young LLP Partner

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

Transaction ID: 1300155

Full Name (Last, First, Middle Initial)
B. Mr. Clifford J. Bauer

Mailing Address
401 North West 131st Avenue

City State Zip Code
Plantation FL 33325

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Ridge Medical Center Chief Executive Officer

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

Transaction ID: 1300154

Full Name (Last, First, Middle Initial)
C. Mr. William D. Patasnick

Mailing Address
9200 W. Wisconsin Avenue Post Office Box 28099

City State Zip Code
Milwaukee WI 53226-3522

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Froedtert Memorial Lutheran Hospital President/CEO

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

Transaction ID: 1298084

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jack T. Stephens

Mailing Address
318 E. Belvedere Street

City State Zip Code
Lakeland FL 33803-2218

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lakeland Regional Medical Center President & Chief Executive Officer

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

Transaction ID: 1300158

Full Name (Last, First, Middle Initial)
B. Mr. John A. Drew, FACHE

Mailing Address
1188 Prince Avenue

City State Zip Code
Athens GA 30606-2797

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Athens Regional Medical Center President

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

Transaction ID: 1302842

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

Mailing Address
12675 Rivera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
111.12

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Missouri Hospital Association Sr. Vice President, Government Relatio

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 555.52

Transaction ID: 1301006

SUBTOTAL of Receipts This Page (optional) ▶ **761.12**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 62	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. W. Lary Webb

Mailing Address
645 Kings Road

City State Zip Code
Athens GA 30606-3119

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Athens Regional Medical Center Senior Vice President & CFO

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

Transaction ID: 1302B48

B. Full Name (Last, First, Middle Initial)
Mr. Edward C. Gambrell, Jr.

Mailing Address
2003 Falls Road

City State Zip Code
Toccoa GA 30677-9700

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Amount of Each Receipt this Period
221.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stephens County Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 221.00

Transaction ID: 1302B53

C. Full Name (Last, First, Middle Initial)
Ms. Kristen D. Monte

Mailing Address
325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Hospital Association-Washingl Vice President

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$40.00 Bi-Weekly)
Primary General
Other (specify) ▼ 360.00

Transaction ID: PR330450320B7

SUBTOTAL of Receipts This Page (optional) ▶ **511.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 62					
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. W. Thomas Dewese

Date of Receipt
M / D / Y Y Y Y

Mailing Address
908 Babey Court

City State Zip Code
Nashville TN 37221-4648

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 360.00

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

Transaction ID: PR329215720B7

Full Name (Last, First, Middle Initial)
B. Mr. Richard H. Wada

Date of Receipt
M / D / Y Y Y Y

Mailing Address
325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Sr. Vice President, Communications

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 360.00

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

Transaction ID: PR329310420B7

Full Name (Last, First, Middle Initial)
C. Mr. Richard J. Polsek

Date of Receipt
M / D / Y Y Y Y

Mailing Address
325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 360.00

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

Transaction ID: PR328260920B7

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 62	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
325 Seventh Street, NW Suite 700
City State Zip Code
Washington DC 20004-2818

Amount of Each Receipt this Period
43.48

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Hospital Association-Washingt President

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$43.48 Bi-Weekly)
Primary General Other (specify) ▼ 304.36

Transaction ID: PR32794212087

Full Name (Last, First, Middle Initial)
B. Ms. Barbara Hames-Lorsbach

Date of Receipt
M / D / Y Y Y Y

Mailing Address
One North Franklin Street
City State Zip Code
Chicago IL 60606

Amount of Each Receipt this Period
41.67

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$41.67 Bi-Weekly)
Primary General Other (specify) ▼ 333.36

Transaction ID: PR32813692087

Full Name (Last, First, Middle Initial)
C. Ms. Dallas Lorraine Carroll

Date of Receipt
M / D / Y Y Y Y

Mailing Address
One North Franklin
City State Zip Code
Chicago IL 60606-3438

Amount of Each Receipt this Period
47.62

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$47.62 Bi-Weekly)
Primary General Other (specify) ▼ 408.34

Transaction ID: PR32806842087

SUBTOTAL of Receipts This Page (optional)	▶	132.77
TOTAL This Period (last page this line number only)	▶	31542.16

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 62
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2001

Mailing Address
1400 G Street, NW

City State Zip Code
Washington DC 20005

Amount of Each Receipt this Period
201.41

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼ Interest
Primary General
Other (specify) ▼ 1089.21

Transaction ID: 1299075

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	201.41
TOTAL This Period (last page this line number only)	▶	201.41

**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 40 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Merchant Bankcard		Date of Disbursement 05 / 14 / 2001
Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201		Amount of Each Disbursement this Period 52.68
Purpose of Disbursement Service Charge Candidate Name		DD1 Category/ Type
Office Sought: House Senate President State: District: 0	Disbursement For: Primary General Other (specify) ▼	Service Charge Transaction ID: 1299077

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	52.68
TOTAL This Period (last page this line number only)	▶	52.68

**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 41 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Pat Roberts for Senate			Date of Disbursement 05 / 04 / 2001	
Mailing Address 7600 Lynbrook Drive City: Bethesda State: MD Zip Code: 20814			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Sen. Pat Roberts				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KS District: 2		Transaction ID: 1124208		

Full Name (Last, First, Middle Initial) B. Ryan for Congress			Date of Disbursement 05 / 04 / 2001	
Mailing Address PO Box 191B City: Janesville State: WI Zip Code: 53547			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Rep. Paul Ryan				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: 1		Transaction ID: 1124190		

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect Ed Towns			Date of Disbursement 05 / 04 / 2001	
Mailing Address P.O. Box 2884 City: Washington State: DC Zip Code: 20013			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Rep. Edolphus Towns				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 10		Transaction ID: 1124205		

SUBTOTAL of Receipts 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 42 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Stevens for Senate		Date of Disbursement 05 / 04 / 2001	
Mailing Address c/o 1156 15th Street, NW, Suite 41 City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Sen. Ted Stevens			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AK District: 1	Transaction ID: 1124177		

Full Name (Last, First, Middle Initial) B. Citizens for Arlen Specter		Date of Disbursement 05 / 04 / 2001	
Mailing Address 111 South 15th Street, 8th Floor City Philadelphia State PA Zip Code 19102		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Sen. Arlen Specter			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 1	Transaction ID: 1124207		

Full Name (Last, First, Middle Initial) C. Matsui for Congress Committee		Date of Disbursement 05 / 04 / 2001	
Mailing Address P.O. Box 523024 City Springfield State VA Zip Code 22152		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,300.00		011 Category/ Type	
Candidate Name Rep. Robert T. Matsui			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 6	Transaction ID: 1124182		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. American Success Political Action Committee			Date of Disbursement 05 / 04 / 2001	
Mailing Address 1155 21st Street, NW Ste. 300 City State Zip Code Washington DC 20036			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00 2001 Contribution			011 Category/ Type 2001 Contribution	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 1124168	
State: District: 0				

Full Name (Last, First, Middle Initial) B. Chris John For Congress Committee			Date of Disbursement 05 / 04 / 2001	
Mailing Address P.O. BOX 971 City State Zip Code Crowley LA 70627			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Rep. Chris John				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 1124169	
State: LA District: 7				

Full Name (Last, First, Middle Initial) C. Gekas For Congress			Date of Disbursement 05 / 04 / 2001	
Mailing Address 732 S 25th Street City State Zip Code Harrisburg PA 17111			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Rep. George W. Gekas				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 1124182	
State: PA District: 17				

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Evan Bayh Committee		Date of Disbursement 05 / 04 / 2001
Mailing Address 10 W Market Street Ste. 2100 City State Zip Code Indianapolis IN 46204		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Sen. Evan Bayh		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IN District: 2	Transaction ID: 1124180	

Full Name (Last, First, Middle Initial) B. Friends of Dick Durbin Committee		Date of Disbursement 05 / 04 / 2001
Mailing Address P.O. Box 1949 City State Zip Code Springfield IL 62706		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Sen. Richard J. Durbin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IL District: 2	Transaction ID: 1124178	

Full Name (Last, First, Middle Initial) C. Hooley for Congress		Date of Disbursement 05 / 04 / 2001
Mailing Address 6404 Failing Street City State Zip Code West Linn OR 97068		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: OR District: 6	Transaction ID: 1124188	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. KPAC		Date of Disbursement 05 / 04 / 2001	
Mailing Address Post Office Box 820365 City State Zip Code Dallas TX 75382		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00 2001 Contribution		011 Category/ Type 2001 Contribution	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 1124168	
State: District: 0			

Full Name (Last, First, Middle Initial) B. Burr For Congress Committee		Date of Disbursement 05 / 16 / 2001	
Mailing Address 2634 Forest Drive City State Zip Code Winston-Salem NC 27104		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1171474	
State: NC District: 5			

Full Name (Last, First, Middle Initial) C. Friends Of John Peterson		Date of Disbursement 05 / 16 / 2001	
Mailing Address 248 N Main Street City State Zip Code Pleasantville PA 16341		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. John E. Peterson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170852	
State: PA District: 6			

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends of John Tanner		Date of Disbursement 05 / 16 / 2001
Mailing Address P.O. Box 70826 City: Washington State: DC Zip Code: 20024		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. John S. Tanner		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1171743
State: TN District: 8		

Full Name (Last, First, Middle Initial) B. Upton for All of Us		Date of Disbursement 05 / 16 / 2001
Mailing Address P.O. Box 490 City: St. Joseph State: MI Zip Code: 49086		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Rep. Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1171402
State: MI District: 6		

Full Name (Last, First, Middle Initial) C. Senator John Warner Committee		Date of Disbursement 05 / 16 / 2001
Mailing Address PO Box 3536 City: Merrifield State: VA Zip Code: 22116		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Sen. John W. Warner		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170793
State: VA District: 1		

SUBTOTAL of Receipts 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 48 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Glacier PAC		Date of Disbursement 05 / 16 / 2001
Mailing Address 818 Connecticut Ave., NW Suite 1100 City State Zip Code Washington DC 20008		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00 2001 Contribution	Candidate Name	2001 Contribution
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District: 0		Transaction ID: 1170789

Full Name (Last, First, Middle Initial) B. Kennedy For Congress		Date of Disbursement 05 / 16 / 2001
Mailing Address 11428 County Rd 13 Se City State Zip Code Wabertown MN 55388		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Candidate Name Rep. Mark R. Kennedy	2001 Contribution
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MN District: 2		Transaction ID: 1171988

Full Name (Last, First, Middle Initial) C. Committee To Re-elect Vito Fossella		Date of Disbursement 05 / 16 / 2001
Mailing Address 15 Grandview Terrace City State Zip Code Staten Island NY 10308		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Candidate Name Rep. Vito Fossella	2001 Contribution
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NY District: 13		Transaction ID: 1170812

SUBTOTAL of Receipts 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)

PAGE 49 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ron Lewis For Congress (2000)		Date of Disbursement 05 / 16 / 2001	
Mailing Address PO Box 307 City Elizabethtown State KY Zip Code 42702		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Ron Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY District: 2	Transaction ID: 1171578		

Full Name (Last, First, Middle Initial) B. Tammy Baldwin for Congress		Date of Disbursement 05 / 16 / 2001	
Mailing Address PO Box 898 City Madison State WI Zip Code 53701		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Tammy Baldwin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: 2	Transaction ID: 1170811		

Full Name (Last, First, Middle Initial) C. Jesse L. Jackson, Jr. for Congress Committee		Date of Disbursement 05 / 16 / 2001	
Mailing Address P.O. Box 49288 City Chicago State IL Zip Code 60649		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Rep. Jesse Jackson, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District: 2	Transaction ID: 1172309		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hasburt for Congress Committee		Date of Disbursement 05 / 16 / 2001	
Mailing Address 3047 Mozart Drive City: Silver Spring, State: MD, Zip Code: 20904		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Spkr. J. Dennis Hastart			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District: 14	Transaction ID: 1170B13		

Full Name (Last, First, Middle Initial) B. Coble for Congress		Date of Disbursement 05 / 19 / 2001	
Mailing Address P.O. Box 1177 City: Greensboro, State: NC, Zip Code: 27402		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:(\$1,000.00) Voided Check from 8/10/02		011 Category/ Type	
Candidate Name Rep. Howard Coble			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC District: 6	Transaction ID: 1306543		

Full Name (Last, First, Middle Initial) C. Sununu for Congress		Date of Disbursement 05 / 21 / 2001	
Mailing Address 1965 Elm Street City: Manchester, State: NH, Zip Code: 03110		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Rep. John E. Sununu, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District: 1	Transaction ID: 1170775		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Pomeroy for Congress		Date of Disbursement 05 / 21 / 2001
Mailing Address 304 North 4th Street City Bismarck State ND Zip Code 58501		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00	011 Category/ Type	
Candidate Name Rep. Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170773
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Wilson for Congress		Date of Disbursement 05 / 21 / 2001
Mailing Address P.O. Box 14070 City Albuquerque State NM Zip Code 87191-4070		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	011 Category/ Type	
Candidate Name Rep. Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170153
State: NM District: 1		

Full Name (Last, First, Middle Initial) C. Carper for Senate		Date of Disbursement 05 / 21 / 2001
Mailing Address 240 North James Street Suite 100A City Newport State DE Zip Code 19804		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Sen. Tom Carper		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1188900
State: DE District: 2		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Thornberry for Congress		Date of Disbursement 05 / 21 / 2001	
Mailing Address P.O. Box 9382 City: Amarillo State: TX Zip Code: 79105		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. William M. Thornberry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX District: 13	Transaction ID: 1170150		

Full Name (Last, First, Middle Initial) B. Gordon Smith for U.S. Senate		Date of Disbursement 05 / 21 / 2001	
Mailing Address 5285 SW Meadows Road, Suite 181 City: Lake Oswego State: OR Zip Code: 97035		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Sen. Gordon Smith			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR District: 2	Transaction ID: 1170750		

Full Name (Last, First, Middle Initial) C. Majority Leader's Fund		Date of Disbursement 05 / 21 / 2001	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City: Chantilly State: VA Zip Code: 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3,000.00 2001 Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary General Other (specify) ▼		
State: District: 0	2001 Contribution Transaction ID: 1189010		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. John Lewis for Congress Committee		Date of Disbursement 05 / 21 / 2001	
Mailing Address P.O. Box 1491 City Atlanta State GA Zip Code 30301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. John Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 5	Transaction ID: 1170149		

Full Name (Last, First, Middle Initial) B. Sue Kelly for Congress		Date of Disbursement 05 / 21 / 2001	
Mailing Address 880 White Plains Rd. #41D City Terrytown State NY Zip Code 10591		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Sue Kelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 19	Transaction ID: 1170032		

Full Name (Last, First, Middle Initial) C. Cummings for Congress		Date of Disbursement 05 / 21 / 2001	
Mailing Address P.O. Box 1631 City Baltimore State MD Zip Code 20813		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Rep. Elijah Cummings			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 7	Transaction ID: 1170159		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hoyer for Congress			Date of Disbursement 05 / 21 / 2001	
Mailing Address 7605 Malcolm Road, Suite 102 City: Clinton State: MD Zip Code: 20735			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$2,000.00		011 Category/ Type		
Candidate Name Rep. Steny H. Hoyer				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
State: MD District: 5	Transaction ID: 1170061			

Full Name (Last, First, Middle Initial) B. Jim Davis for Congress			Date of Disbursement 05 / 21 / 2001	
Mailing Address 209 Blanca Avenue City: Tampa State: FL Zip Code: 33608			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1,000.00		011 Category/ Type		
Candidate Name Rep. Jim Davis				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
State: FL District: 11	Transaction ID: 1170103			

Full Name (Last, First, Middle Initial) C. Tom Davis for Congress			Date of Disbursement 05 / 21 / 2001	
Mailing Address 6429 Downing Court City: Annandale State: VA Zip Code: 22003			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD: \$3,000.00		011 Category/ Type		
Candidate Name Rep. Thomas M. Davis, III				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
State: VA District: 11	Transaction ID: 1170146			

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Pete King for Congress Committee		Date of Disbursement 05 / 21 / 2001	
Mailing Address 1442 Roth Road City: Seaforth State: NY Zip Code: 11783		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Peter T. King			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 3	Transaction ID: 1170788		

Full Name (Last, First, Middle Initial) B. Friends of John Boehner		Date of Disbursement 05 / 21 / 2001	
Mailing Address 780 North Vermont Street City: Arlington State: VA Zip Code: 22203		Amount of Each Disbursement this Period 450.00	
Purpose of Disbursement YTD:\$450.00		011 Category/ Type	
Candidate Name Rep. John A. Boehner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 8	Transaction ID: 1170157		

Full Name (Last, First, Middle Initial) C. People for English Committee		Date of Disbursement 05 / 21 / 2001	
Mailing Address P.O. Box 1940 City: Erie State: PA Zip Code: 16512		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3,000.00		011 Category/ Type	
Candidate Name Rep. Phil English			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 21	Transaction ID: 1170771		

SUBTOTAL of Receipts This Page (optional) ▶	2450.00
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 56 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Boswell for Congress		Date of Disbursement 05 / 21 / 2001	
Mailing Address RR 1 BOX 130 City State Zip Code Davis City IA 50085		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Rep. Leonard L. Boswell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA District: 3	Transaction ID: 1170788		

Full Name (Last, First, Middle Initial) B. New Republican Majority Fund		Date of Disbursement 05 / 23 / 2001	
Mailing Address 228 South Washington Street Suite 200 City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00 2001 Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary General Other (specify) ▼		
State: District: 0	2001 Contribution Transaction ID: 1170758		

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Date of Disbursement 05 / 23 / 2001	
Mailing Address PO Box 581 City State Zip Code Brighton MI 48168		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Mike Rogers			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: 8	Transaction ID: 1170760		

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Sweeney for Congress		Date of Disbursement 05 / 23 / 2001
Mailing Address 120 Woodin Road City Clifton Park State NY Zip Code 12085		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$4,000.00	011 Category/ Type	
Candidate Name Rep. John Sweeney		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170765
State: NY District: 22		

Full Name (Last, First, Middle Initial) B. Hoeffel for Congress		Date of Disbursement 05 / 23 / 2001
Mailing Address 700 East Johnson Hwy. City Norristown State PA Zip Code 19401		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,500.00	011 Category/ Type	
Candidate Name Rep. Joe Hoeffel		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170768
State: PA District: 13		

Full Name (Last, First, Middle Initial) C. Fletcher for Congress		Date of Disbursement 05 / 23 / 2001
Mailing Address PO Box 4703 City Lexington State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. Ernie Fletcher		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1170759
State: KY District: 8		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends of Rosa DeLauro		Date of Disbursement 05 / 23 / 2001	
Mailing Address 501 Capitol Court, NE, Suite 200 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Rosa L. DeLauro			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 3	Transaction ID: 1170770		

Full Name (Last, First, Middle Initial) B. Clay, Jr. for Congress		Date of Disbursement 05 / 23 / 2001	
Mailing Address PO Box 3148 City St. Louis State MO Zip Code 63130		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. William L. Clay, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 1	Transaction ID: 1170761		

Full Name (Last, First, Middle Initial) C. Ed Schrock For Congress		Date of Disbursement 05 / 23 / 2001	
Mailing Address PO Box 81480 City Virginia Beach State VA Zip Code 23466		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Rep. Edward Schrock			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VA District: 2	Transaction ID: 1170755		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Coble for Congress		Date of Disbursement 05 / 29 / 2001
Mailing Address P.O. Box 1177 City Greensboro State NC Zip Code 27402		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:(\$500.00)		011 Category/ Type
Candidate Name Rep. Howard Coble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NC District: 8	Transaction ID: 1170185	

Full Name (Last, First, Middle Initial) B. Keller for Congress		Date of Disbursement 05 / 30 / 2001
Mailing Address Post Office Box 1453 City Orlando State FL Zip Code 32802		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:5500.00		011 Category/ Type
Candidate Name Rep. Ric Keller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 8	Transaction ID: 1168829	

Full Name (Last, First, Middle Initial) C. Nussle For Congress		Date of Disbursement 05 / 30 / 2001
Mailing Address PO Box 324 City Manchester State IA Zip Code 52057		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type
Candidate Name Rep. Jim Nussle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IA District: 2	Transaction ID: 1168782	

SUBTOTAL of Receipts 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)

PAGE 60 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Shadegg for Congress		Date of Disbursement 05 / 30 / 2001
Mailing Address P.O. Box 45444 City: Phoenix State: AZ Zip Code: 85084		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		
Candidate Name Rep. John Shadegg		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1168818
State: AZ District: 4		

Full Name (Last, First, Middle Initial) B. Charles A. Gonzalez Congressional Campaign		Date of Disbursement 05 / 30 / 2001
Mailing Address 151 E Lullwood Avenue City: San Antonio State: TX Zip Code: 78212		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00		
Candidate Name Rep. Charlie A. Gonzalez		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1168848
State: TX District: 20		

Full Name (Last, First, Middle Initial) C. Murtha for ReElection Committee		Date of Disbursement 05 / 30 / 2001
Mailing Address P.O. Box 1091 City: Johnstown State: PA Zip Code: 15907		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		
Candidate Name Rep. John P. Murtha		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1168832
State: PA District: 12		

SUBTOTAL of Receipts 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)

PAGE 61 / 62

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dooley for Congress			Date of Disbursement 05 / 30 / 2001	
Mailing Address 104 North West Street City: Alexandria State: VA Zip Code: 22314			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type		
Candidate Name Rep. Calvin M. Dooley		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID: 1168447		
State: CA District: 20				

Full Name (Last, First, Middle Initial) B. Tim Johnson for South Dakota			Date of Disbursement 05 / 30 / 2001	
Mailing Address 102 N. Plum City: Vermillion State: SD Zip Code: 57069			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name Rep. Tim Johnson		Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID: 1175861		
State: SD District: 0				

Full Name (Last, First, Middle Initial) C. DASHPAC			Date of Disbursement 05 / 30 / 2001	
Mailing Address 424 C Street, NE First Floor City: Washington State: DC Zip Code: 20002			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$5,000.00 2001 Contribution		011 Category/ Type		
Candidate Name		Disbursement For: Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		2001 Contribution		
State: District: 0		Transaction ID: 1166789		

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

