

**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 X 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)	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)	X	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)		Special (12S)	
January 31 Quarterly Report(YE)	Election on	11	05	2002	in the State of US
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 10 01 2002 through 10 18 2002

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 10 23 2002

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: ^h10 ^d01 ^y2002 To: ^h10 ^d16 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		587494.48
(b) Cash on Hand at Beginning of Reporting Period	328490.20	
(c) Total Receipts (from Line 19)	47743.13	779360.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	376233.33	1366854.60
7. Total Disbursements (from Line 30)	73054.09	1063675.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	303179.24	303179.24
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: ^W10 ^D01 ^Y2002 To: ^W10 ^D16 ^Y2002

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)	19898.60	
(ii) Unitemized	17269.53	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37168.13	525519.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2675.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	37168.13	528194.85
12. Transfers From Affiliated/Other Party Committees	10575.00	246765.00
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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2900.27
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)	47743.13	779360.12
20. Total Federal Receipts (subtract Line 18 from Line 19)	47743.13	779360.12

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.....	54.09	43225.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	54.09	43225.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73000.00	1014799.53
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	150.00
(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	150.00
29. Other Disbursements.....	0.00	5500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	73054.09	1063675.36
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	73054.09	1063675.36
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	37168.13	528194.85
33. Total Contribution Refunds (from Line 28(d)).....	0.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	37168.13	528044.85
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	54.09	43225.83
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	54.09	43225.83

**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 / 50	
	<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. Paul Dougherty, FACHE

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2002

Mailing Address
5501 N. Portland Avenue

City State Zip Code
Oklahoma City OK 73112-2099

Amount of Each Receipt this Period
250.00

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

Transaction ID: 7279332

Full Name (Last, First, Middle Initial)
B. Mr. James D. Moore

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2002

Mailing Address
1402 Dana Drive

City State Zip Code
Blackwell OK 74631-4776

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 7280298

Full Name (Last, First, Middle Initial)
C. Mr. G. Bruce Lawrence

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2002

Mailing Address
3966 NW Expressway, Ste. 800

City State Zip Code
Oklahoma City OK 73112-4458

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INTEGRIS Health Executive

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

Transaction ID: 7280295

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Joel Wernick

Mailing Address
Post Office Box 1B28
City Albany State GA Zip Code 31702-1828

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Phoebe Putney Memorial Hospital

Occupation
President & Chief Executive Officer

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

Transaction ID: 7242312

Full Name (Last, First, Middle Initial)
B. Ms. Shannon Sinclair

Mailing Address
100 West Braddock Road
City Alexandria State VA Zip Code 22301-2146

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Inova Health System

Occupation
Vice President/General Counsel

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

Transaction ID: 7244308

Full Name (Last, First, Middle Initial)
C. Mr. Gerald J. Marquette, Jr.

Mailing Address
1110 W. 5th St.
City Coffeyville State KS Zip Code 67337-3918

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Coffeyville Regional Medical Center

Occupation
Chief Executive Officer

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

Transaction ID: 7243143

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 7 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Todd M. Johnson

Mailing Address
5601 Smetana Drive

City State Zip Code
Hopkins MN 55343-5000

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alina Hospitals & Clinics Vice President, Government Affairs

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

Transaction ID: 7243167

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

Mailing Address
2301 Holmes Street

City State Zip Code
Kansas City MO 64108-2677

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Truman Medical Centers Chief Executive Officer

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

Transaction ID: 7232090

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

Mailing Address
920 Main Street Suite 1800

City State Zip Code
Kansas City MO 64105-2017

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Saint Luke's Northland Hospital-Smith Board Member

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

Transaction ID: 7232089

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 8 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary S. Daley, MA, RN, CHE

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Mailing Address
1802 North 80th Street

City State Zip Code
Kansas City KS 66112-2033

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Providence Medical Center Regional Vice President, Patient Care

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

Transaction ID: 7242326

B. Full Name (Last, First, Middle Initial)
Ms. Marie Barbice Grause, RN, JD

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Mailing Address
148 Main Street

City State Zip Code
Montpelier VT 05602-2997

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Vermont Association of Hospitals & Hea President

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

Transaction ID: 7242283

C. Full Name (Last, First, Middle Initial)
Mr. Gene E. Schmidt

Date of Receipt
N M / D E / Y Y Y Y
10 / 07 / 2002

Mailing Address
1812 East 24th Street

City State Zip Code
Hutchinson KS 67502-1108

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hutchinson Hospital Corporation President

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

Transaction ID: 7243178

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 9 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David P. Seifert

Mailing Address
3D13 Hawthorne Boulevard

City State Zip Code
Saint Louis MO 63104-1603

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
575.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Anthony's Medical Center President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 575.00

Transaction ID: 7242236

B. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith

Mailing Address
5B12 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 7242234

C. Full Name (Last, First, Middle Initial)
Ms. Louise M. Gutierrez

Mailing Address
1401 South California Boulevard

City State Zip Code
Chicago IL 60606-1896

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mount Sinai Hospital Medical Center of Vice President, Finance

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

Transaction ID: 7242338

SUBTOTAL of Receipts This Page (optional) ▶ **1825.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Glenn Zirbser

Mailing Address
2310 14th Street N Apt 404
City State Zip Code
Arlington VA 22201-5873

Date of Receipt
N M / D E / Y Y Y Y
10 07 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Inova Health System

Occupation
Sr. Director of Finance

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7244311

Full Name (Last, First, Middle Initial)
B. Ms. Geraldine Moon

Mailing Address
18 Creek Rim Drive
City State Zip Code
Titusville NJ 08560-1302

Date of Receipt
N M / D E / Y Y Y Y
10 08 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
New Jersey Hospital Association

Occupation
Vice President, Hospital Operations

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7275875

Full Name (Last, First, Middle Initial)
C. Ms. Geraldine Moon

Mailing Address
18 Creek Rim Drive
City State Zip Code
Titusville NJ 08560-1302

Date of Receipt
N M / D E / Y Y Y Y
10 08 2002

Amount of Each Receipt this Period
5.00

FEC ID number of contributing federal political committee.

Name of Employer
New Jersey Hospital Association

Occupation
Vice President, Hospital Operations

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Transaction ID: 7275910

SUBTOTAL of Receipts This Page (optional) ▶ **505.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Maron

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

345 Grove Street

10 08 2002

City State Zip Code

Oradell NJ 07649-2229

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation

Holy Name Hospital President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 7276017

Full Name (Last, First, Middle Initial)

B. Mr. Guy P Evans

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

41 Manitto Place

10 08 2002

City State Zip Code

Oceanport NJ 07757-1510

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 5.00

Name of Employer Occupation

New Jersey Hospital Association Vice President

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 205.00

Transaction ID: 7275898

Full Name (Last, First, Middle Initial)

C. Mr. Joseph A Carr

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

2378 Orchard Crest Blvd.

10 08 2002

City State Zip Code

Manasquan NJ 08736-4001

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 5.00

Name of Employer Occupation

New Jersey Hospital Association Chief Information Officer

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 205.00

Transaction ID: 7275884

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
11 Fisher Road

City State Zip Code
Linnwood NJ 08221-1340

Date of Receipt
N M / D E / Y Y Y Y
10 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 7275597

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

Mailing Address
433 East Mountain Road

City State Zip Code
Hillsborough NJ 08844-2408

Date of Receipt
N M / D E / Y Y Y Y
10 / 08 / 2002

Amount of Each Receipt this Period
550.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carrier Clinic President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00

Transaction ID: 7276D19

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

Mailing Address
35 DeHart Drive

City State Zip Code
Belle Mead NJ 08502-5419

Date of Receipt
N M / D E / Y Y Y Y
10 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Jersey Hospital Association President & Chief Executive Officer

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

Transaction ID: 7275795

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

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Theresa L. Edelstein

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2002

Mailing Address
27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

Amount of Each Receipt this Period
5.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Jersey Hospital Association Vice President Continuing Care Service

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 205.00

Transaction ID: 7275894

B. Full Name (Last, First, Middle Initial)
Mr. Gregory M. Adams

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2002

Mailing Address
1403 White Spruce Drive

City State Zip Code
Toms River NJ 08753-2875

Amount of Each Receipt this Period
375.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Holy Name Hospital Senior Vice President

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

Transaction ID: 7275787

C. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Wilhelmsen, Jr., GHE

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Mailing Address
8 Prospect Street Post Office Box 2014

City State Zip Code
Nashua NH 03060-3925

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern New Hampshire Medical Center President & Chief Executive Officer

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

Transaction ID: 7241884

SUBTOTAL of Receipts This Page (optional) ▶ **630.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 50	
	<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. Larry D. Wallis

Mailing Address
3801 South National Ave
City: Springfield State: MO Zip Code: 65807-5297

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Cox Health Systems Occupation: President & Chief Executive Officer

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

Transaction ID: 7244319

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

Mailing Address
Post Office Box 334
City: Medina State: WA Zip Code: 98039-0334

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: Swedish Health Services Occupation: President & Chief Executive Officer

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

Transaction ID: 7275507

Full Name (Last, First, Middle Initial)
C. Mr. John W. Richmond, FACHE

Mailing Address
5858 Highway 136
City: Albany State: MO Zip Code: 64402-1499

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer: Gentry County Memorial Hospital Occupation: President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Transaction ID: 7244320

SUBTOTAL of Receipts This Page (optional) ▶ **1725.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael L. Morgan, FACHE

Mailing Address
615 South New Ballas Road

City State Zip Code
Saint Louis MO 63141-8277

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. John's Mercy Medical Center President and CEO

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

Transaction ID: 7279382

B. Full Name (Last, First, Middle Initial)
Mr. Richard K. Keck, Jr.

Mailing Address
747 Broadway Street

City State Zip Code
Seattle WA 98122-4379

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Swedish Medical Center Vice President, Business Development

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

Transaction ID: 7241872

C. Full Name (Last, First, Middle Initial)
Mr. Ronald J. Levy

Mailing Address
26 Foxboro Road

City State Zip Code
Saint Louis MO 63124-1201

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SSM Health Care - St. Louis Regional President & CEO

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

Transaction ID: 7279383

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 16 / 50	
	<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. Marcel Loh

Mailing Address
5300 Tallman Avenue, NW
City: Seattle State: WA Zip Code: 98107-3985

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Swedish Medical Center-Providence Camp Occupation: Chief Operating Officer

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

Transaction ID: 7241871

Full Name (Last, First, Middle Initial)
B. Mr. Kevin C. Martin

Mailing Address
380 Britannia Pkwy.
City: Avon Lake State: OH Zip Code: 44012-2180

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: EMH Regional Medical Center Occupation: President & CEO

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

Transaction ID: 7258908

Full Name (Last, First, Middle Initial)
C. Ms. Ann Amer Brennan

Mailing Address
1200 Sunset View Drive
City: Akron State: OH Zip Code: 44313-7839

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Summa Health System Occupation: Chairman

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

Transaction ID: 7258907

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 17 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
8D Highland Street

City State Zip Code
Laconia NH 03246-3235

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lakes Region General Hospital President

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

Transaction ID: 7241885

Full Name (Last, First, Middle Initial)
B. Mr. James M. Anderson

Mailing Address
8805 Shawnee Run Road

City State Zip Code
Cincinnati OH 45243-2831

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Children's Hospital Medical Center President & Chief Executive Officer

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

Transaction ID: 7258808

Full Name (Last, First, Middle Initial)
C. Ms. Pamela S. Doyle

Mailing Address
325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

Date of Receipt
N M / D E / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 7278D41

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Steve C. McGary, FACHE

Date of Receipt
N M / D C / Y Y Y Y
10 / 14 / 2002

Mailing Address
1123 Emerald Hills Drive

City State Zip Code
Edmonds WA 98020-2945

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stevens Healthcare President & CEO

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

Transaction ID: 7241876

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

Date of Receipt
N M / D C / Y Y Y Y
10 / 14 / 2002

Mailing Address
Post Office Box 5289 M/S: H4-CFD

City State Zip Code
Tacoma WA 98415-0299

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Swedish Health Services Chief Financial Officer

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

Transaction ID: 7275508

Full Name (Last, First, Middle Initial)
C. Ms. Patricia M. Anderson

Date of Receipt
N M / D C / Y Y Y Y
10 / 14 / 2002

Mailing Address
3503 222nd Street SW

City State Zip Code
Brier WA 98036-8074

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Swedish Health Services Vice President Nursing - FH

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

Transaction ID: 7275510

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 19 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address
2280 West Spring Street

City State Zip Code
Lima OH 45805-2535

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lima Memorial Health System President & CEO

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

Transaction ID: 7258809

Full Name (Last, First, Middle Initial)
B. Mr. Gregory C. Van Pelt

Mailing Address
PO Box 388672

City State Zip Code
Seattle WA 98138-9672

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Providence Health System Chief Executive & Vice President

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

Transaction ID: 7275513

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

Mailing Address
1100 West 38th Street

City State Zip Code
Bernidji MN 58001-5107

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Amount of Each Receipt this Period
72.60

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Country Regional Hospital President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 282.20

Transaction ID: 7244198

SUBTOTAL of Receipts This Page (optional) ▶ **1072.60**

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Larry H. Wall Date of Receipt

Mailing Address N M / D E / Y Y Y Y
11223 West Asbury Avenue 10 / 14 / 2002

City State Zip Code Amount of Each Receipt this Period
Lakewood CO 80227-1958 500.00

FEC ID number of contributing federal political committee. 500.00

Name of Employer Colorado Health & Hospital Association	Occupation President
--	-------------------------

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

Transaction ID: 7244170

B. Ms. Kathleen Selick Date of Receipt

Mailing Address N M / D E / Y Y Y Y
8542 24th Avenue NW 10 / 14 / 2002

City State Zip Code Amount of Each Receipt this Period
Seattle WA 98117-2501 500.00

FEC ID number of contributing federal political committee. 500.00

Name of Employer University of Washington Medical Center	Occupation Executive Director
---	----------------------------------

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

Transaction ID: 7241869

C. Ms. Pamela MacEwan Date of Receipt

Mailing Address N M / D E / Y Y Y Y
521 Wall Street 10 / 14 / 2002

City State Zip Code Amount of Each Receipt this Period
Seattle WA 98121-1538 250.00

FEC ID number of contributing federal political committee. 250.00

Name of Employer Group Health Cooperative	Occupation Vice President, Public Affairs & Gover
--	--

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

Transaction ID: 7241870

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 21 / 50

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Scott E. Armstrong

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Mailing Address
3855 44th Avenue NE

City State Zip Code
Seattle WA 98105-5448

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Group Health Cooperative Executive Vice President

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

Transaction ID: 7241877

B. Full Name (Last, First, Middle Initial)
Ms. Cheryl M. Scott

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Mailing Address
10 Raye Street

City State Zip Code
Seattle WA 98109-1827

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Group Health Cooperative President

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

Transaction ID: 7275514

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2002

Mailing Address
P.O. Box 2780

City State Zip Code
Jena LA 71342-2780

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LaSalle General Hospital Chief Executive Officer

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

Transaction ID: 7275229

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 22 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Alex R. White, Jr., CHE

Mailing Address
Post Office Box 15587
City State Zip Code
Austin TX 78761-5587

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

Amount of Each Receipt this Period
20.00

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) ▼ 400.00

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

Transaction ID: PR33141608941

Full Name (Last, First, Middle Initial)
B. Mr. Warren K. Spellman

Mailing Address
Post Office Box DD
City State Zip Code
Taos NM 87571-2199

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Holy Cross Hospital

Occupation
Administrator

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

Transaction ID: 7278B10

Full Name (Last, First, Middle Initial)
C. Mr. Curtis D. Rooney

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Senior Associate Director

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

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

Transaction ID: PR33084748941

SUBTOTAL of Receipts This Page (optional) ▶ **290.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 50	
	<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. Dr. Donald Nielsen MD

Date of Receipt
M / D / Y Y Y Y

Mailing Address
One North Franklin

City State Zip Code
Chicago IL 60606-3436

Amount of Each Receipt this Period
20.00

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) ▼ 400.00

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

Transaction ID: PR33052488941

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

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Director, Advocacy & Member Communicat

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

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

Transaction ID: PR33077618941

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

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
Vice President

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

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

Transaction ID: PR33045038941

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 / 50	
	<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. Paul N. Murca

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

Mailing Address
2550 University Avenue West Suite 350-S
City State Zip Code
Saint Paul MN 55114-1052

Amount of Each Receipt this Period
20.00

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) ▼
400.00

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

Transaction ID: PR33047548941

Full Name (Last, First, Middle Initial)
B. Ms. Diane M. Major

Date of Receipt
M M / D 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
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt
Occupation
Sr. Associate Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
400.01

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

Transaction ID: PR33021488941

Full Name (Last, First, Middle Initial)
C. Ms. Rebecca M. Maron

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

Mailing Address
One North Franklin 31st Floor
City State Zip Code
Chicago IL 60606-3438

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Chicago
Occupation
Director of Operations

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

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

Transaction ID: PR33024408941

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 / 50	
	<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. Robert K. Kirk

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1700 Sonny's Way

City State Zip Code
Hollister CA 95023-6632

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly)
Primary General Other (specify) ▼ 400.00

Transaction ID: PR32996808941

Full Name (Last, First, Middle Initial)
B. Ms. Tara Mallock

Date of Receipt
M / D / Y Y Y Y

Mailing Address
325 Seventh Street, NW Liberty Place, Suite 700

City State Zip Code
Washington DC 20004-2818

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly)
Primary General Other (specify) ▼ 400.00

Transaction ID: PR33027348941

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

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Hospital Association-Washing Director of Operations

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly)
Primary General Other (specify) ▼ 400.00

Transaction ID: PR32982588941

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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
500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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) ▼ 799.99

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

Transaction ID: PR32921578941

Full Name (Last, First, Middle Initial)
B. Ms. Henniata S. Fialak

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
Vice President, Education

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

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

Transaction ID: PR32852738941

Full Name (Last, First, Middle Initial)
C. Ms. Carla L. Luggers

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Sr. Associate Director

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

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

Transaction ID: PR32849018941

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Richard H. Wade

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

Date of Receipt
M / D / Y Y Y Y

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) ▼ 800.00

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

Transaction ID: PR32831048941

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

Mailing Address
8 Aquebong Lane
City State Zip Code
West Trenton NJ 08628-1602

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
20.00

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) ▼ 400.00

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

Transaction ID: PR32851188941

Full Name (Last, First, Middle Initial)
C. Ms. Aleia N. Mitchell

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

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President, Media Relations

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

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

Transaction ID: PR32851208941

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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
91.00

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 ▼ P/R Deduction (\$91.00 Bi-Weekly)
Primary General Other (specify) ▼ 1463.00

Transaction ID: PR32826098941

Full Name (Last, First, Middle Initial)
B. Mr. James D. Bentley, Ph.D.

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
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly)
Primary General Other (specify) ▼ 400.00

Transaction ID: PR32822498941

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

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Bi-Weekly)
Primary General Other (specify) ▼ 400.00

Transaction ID: PR32822388941

SUBTOTAL of Receipts This Page (optional) ▶ **131.00**

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 / 50			
	<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Calbreth L. Simpson

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer American Hospital Association-Washingt	Occupation Regional Executive
--	----------------------------------

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

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

Transaction ID: PR32822488941

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

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
20.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR32831278941

Full Name (Last, First, Middle Initial)
C. 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
40.00

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) ▼ 800.00

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

Transaction ID: PR32794218941

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 30 / 50	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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
20.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR32834188941

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
City State Zip Code
Chicago IL 60606-3436

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR32813698941

Full Name (Last, First, Middle Initial)
C. Mr. Ronald O. Purcell

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1093 N. Faldo Way
City State Zip Code
Eagle ID 83816-5369

Amount of Each Receipt this Period
20.00

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) ▼ 400.00

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

Transaction ID: PR32824148941

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President

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

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

Transaction ID: PR32786578941

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
5 New England Executive Park

City State Zip Code
Burlington MA 01803-5096

Amount of Each Receipt this Period
20.00

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) ▼ 400.00

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

Transaction ID: PR32787788941

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

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer
American Organization of Nurse Executi

Occupation
Executive Director

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

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

Transaction ID: PR32781208941

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 / 50	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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
20.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR32785808941

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

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
20.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR32772738941

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
11004 Petersborough
City State Zip Code
Rockville MD 20852-3249

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR32774588941

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 / 50	
	<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. Neil J. Jesuele

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) ▼ 800.00

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

Transaction ID: PR32780178941

Full Name (Last, First, Middle Initial)
B. Mr. Donald May

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
20.00

FEC ID number of contributing federal political committee.

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

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

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

Transaction ID: PR33153328941

Full Name (Last, First, Middle Initial)
C. Ms. Kristin Welsh

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
20.00

FEC ID number of contributing federal political committee.

Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director
--	--------------------------------------

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

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

Transaction ID: PR51761878941

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	19898.60

**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 / 50	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" 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. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address
One Empire Drive

City State Zip Code
Rensselaer NY 12144

Date of Receipt
N M / D E / Y Y Y Y
10 07 2002

FEC ID number of contributing federal political committee. C00160259

Amount of Each Receipt this Period 10000.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 50000.00

Transaction ID: 7237303

Full Name (Last, First, Middle Initial)
B. PAC of Missouri Hospital Association

Mailing Address
P.O. Box 80

City State Zip Code
Jefferson City MO 65102

Date of Receipt
N M / D E / Y Y Y Y
10 14 2002

FEC ID number of contributing federal political committee. C00289777

Amount of Each Receipt this Period 575.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 575.00

Transaction ID: 7280353

C.

SUBTOTAL of Receipts This Page (optional)	▶	10575.00
TOTAL This Period (last page this line number only)	▶	10575.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 50

<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

Mailing Address

1601 Elm Street

City

Dallas

State

TX

Zip Code

75201

Purpose of Disbursement

Service Charge

Candidate Name

DD1

Category/
Type

Date of Disbursement

10th : 04 : 2002

Amount of Each Disbursement this Period

54.09

Service Charge

Transaction ID: 7272888

Office Sought:

House

Senate

President

State:

District: 0

Disbursement For:

Primary

General

Other (specify) ▼

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **54.09**

TOTAL This Period (last page this line number only) ▶ **54.09**

**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 38 / 50

<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 10 / 01 / 2002	
Mailing Address PO Box 307 City Elizabethtown State KY Zip Code 42702		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Ron Lewis		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY District: 2	Transaction ID: 7141270		

Full Name (Last, First, Middle Initial) B. Rangel For Congress 2000		Date of Disbursement 10 / 04 / 2002	
Mailing Address Manhattanville Station P.O. Box 5577 City New York State NY Zip Code 10027		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Charles B. Rangel		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 15	Transaction ID: 7170680		

Full Name (Last, First, Middle Initial) C. Rangel For Congress 2000		Date of Disbursement 10 / 04 / 2002	
Mailing Address Manhattanville Station P.O. Box 5577 City New York State NY Zip Code 10027		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Charles B. Rangel		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 15	Transaction ID: 7170682		

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Louise Slaughter Re-Election Committee		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 117 City State Zip Code Mount Vernon VA 22121		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Louise M. Slaughter		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 26	Transaction ID: 7170693		

Full Name (Last, First, Middle Initial) B. Friends of Weiner		Date of Disbursement 10 / 04 / 2002	
Mailing Address 2278 Homecrest Ave. #4A City State Zip Code Brooklyn NY 11229		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Anthony Weiner		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 9	Transaction ID: 7170695		

Full Name (Last, First, Middle Initial) C. Sweeney for Congress		Date of Disbursement 10 / 04 / 2002	
Mailing Address 120 Woodin Road City State Zip Code Clifton Park NY 12065		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. John Sweeney		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 20	Transaction ID: 7170698		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. McNulty for Congress		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 1560 City State Zip Code Green Island NY 12183		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Michael R. McNulty		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 21	Transaction ID: 7170677		

Full Name (Last, First, Middle Initial) B. McCrery for Congress Committee		Date of Disbursement 10 / 04 / 2002	
Mailing Address 4010 Franconia Road City State Zip Code Alexandria VA 22310-2136		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Jim McCrery		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA District: 4	Transaction ID: 7170680		

Full Name (Last, First, Middle Initial) C. The Jefferson Committee		Date of Disbursement 10 / 04 / 2002	
Mailing Address P.O. Box 76337 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. William J. Jefferson		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA District: 2	Transaction ID: 7169877		

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

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

Use separate schedule(s)
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<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				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Nita Lowey for Congress		Date of Disbursement 10 / 04 / 2002
Mailing Address 3467 Mildred Drive City Falls Church State VA Zip Code 22042		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Disbursement For: 2002 Primary X General Other (specify) ▼	Contribution
Candidate Name Rep. Nita M. Lowey		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: NY District: 16	Transaction ID: 7170671

Full Name (Last, First, Middle Initial) B. Friends of Rosa DeLauro		Date of Disbursement 10 / 04 / 2002
Mailing Address 501 Capital Court, NE, Suite 200 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Disbursement For: 2002 Primary X General Other (specify) ▼	Contribution
Candidate Name Rep. Rosa L. DeLauro		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: CT District: 3	Transaction ID: 7170663

Full Name (Last, First, Middle Initial) C. People with Hart Committee		Date of Disbursement 10 / 04 / 2002
Mailing Address Post Office Box 435 City Wexford State PA Zip Code 15090		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	Disbursement For: 2002 Primary X General Other (specify) ▼	Contribution
Candidate Name Rep. Melissa Hart		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: PA District: 4	Transaction ID: 7169874

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

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

Use separate schedule(s)
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<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				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Chet Edwards for Congress		Date of Disbursement 10 / 04 / 2002
Mailing Address P.O. Box 23273 City: Waco State: TX Zip Code: 76702		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Contribution	Candidate Name Rep. Chet Edwards	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution	
State: TX District: 11	Transaction ID: 7169868	

Full Name (Last, First, Middle Initial) B. LoBiondo for Congress		Date of Disbursement 10 / 04 / 2002
Mailing Address 738 East Landis Avenue City: Vineland State: NJ Zip Code: 08360		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Contribution	Candidate Name Rep. Frank A. LoBiondo	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution	
State: NJ District: 2	Transaction ID: 7170868	

Full Name (Last, First, Middle Initial) C. Gingrey For Congress		Date of Disbursement 10 / 04 / 2002
Mailing Address PO Box U City: Marietta State: GA Zip Code: 30060		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution	Candidate Name Mr. J Phillip Gingrey	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution	
State: GA District: 11	Transaction ID: 7170868	

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. PRYCE Project			Date of Disbursement 10 / 04 / 2002	
Mailing Address 1155 21 St, NW City Washington State DC Zip Code 20036			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002 Contribution			011 Category/ Type 2002 Contribution	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 7170702	
State: District: 0				

Full Name (Last, First, Middle Initial) B. Tim Johnson for South Dakota			Date of Disbursement 10 / 07 / 2002	
Mailing Address 102 N. Plum City Vermillion State SD Zip Code 57069			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution			011 Category/ Type Contribution	
Candidate Name Sen. Tim Johnson				
Office Sought: House X Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: 7164167	
State: SD District: 0				

Full Name (Last, First, Middle Initial) C. Bilirakis for Congress			Date of Disbursement 10 / 07 / 2002	
Mailing Address P.O. Box 1077 City Tarpon Springs State FL Zip Code 34688			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution			011 Category/ Type Contribution	
Candidate Name Rep. Michael Bilirakis				
Office Sought: X House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: 7164162	
State: FL District: 0				

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<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				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. People for English Committee		Date of Disbursement 10 / 07 / 2002	
Mailing Address P.O. Box 1940 City Erie State PA Zip Code 16512		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Phil English		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 3	Transaction ID: 7169198		

Full Name (Last, First, Middle Initial) B. Diana DeGette for Congress, Inc.		Date of Disbursement 10 / 07 / 2002	
Mailing Address 770 Grant Street Suite 238 City Denver State CO Zip Code 80203		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Diana DeGette		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CO District: 1	Transaction ID: 7169198		

Full Name (Last, First, Middle Initial) C. Thousands Of South Dakotans For Bill Janklow For C		Date of Disbursement 10 / 07 / 2002	
Mailing Address PO Box 1151 City Pierre State SD Zip Code 57501		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Mr. William Janklow		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SD District: 1	Transaction ID: 7169082		

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

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

Use separate schedule(s)
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<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				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Congressman Bill Young Campaign Committee		Date of Disbursement 10 / 09 / 2002
Mailing Address PO Box 103 City: Arlington State: VA Zip Code: 22210		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. C. W. (Bill) Young		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Contribution
State: FL District: 10		Transaction ID: 7200783

Full Name (Last, First, Middle Initial) B. Friends Of Katherine Harris		Date of Disbursement 10 / 09 / 2002
Mailing Address P. O. Box 25187 City: Sarasota State: FL Zip Code: 34277		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Ms. Katherine Harris		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Contribution
State: FL District: 13		Transaction ID: 7200629

Full Name (Last, First, Middle Initial) C. Henry E. Brown Jr. for Congress		Date of Disbursement 10 / 11 / 2002
Mailing Address 1D35 Dominion Drive City: Hanahan State: SC Zip Code: 29406		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Henry E. Brown, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Contribution
State: SC District: 1		Transaction ID: 7237253

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<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
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ted Strickland for Congress			Date of Disbursement 10 / 11 / 2002	
Mailing Address 216 7th Street, SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Contribution			011 Category/ Type	
Candidate Name Hon. Ted Strickland			Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 8		Transaction ID: 7237293		

Full Name (Last, First, Middle Initial) B. Friends of Jim Oberstar			Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 485 City Duluth State MN Zip Code 55801			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			011 Category/ Type	
Candidate Name Rep. James L. Oberstar			Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MN District: 8		Transaction ID: 7237277		

Full Name (Last, First, Middle Initial) C. Louise Slaughter Re-Election Committee			Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 117 City Mount Vernon State VA Zip Code 22121			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			011 Category/ Type	
Candidate Name Rep. Louise M. Slaughter			Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 28		Transaction ID: 7237279		

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mark Udall For Congress		Date of Disbursement 10 / 11 / 2002
Mailing Address 777 29th Street Suite 100 City Boulder State CO Zip Code 80303		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Mark Udall	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7237270
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: CO District: 2	

Full Name (Last, First, Middle Initial) B. Great Dane PAC		Date of Disbursement 10 / 11 / 2002
Mailing Address PO Box 220291 City Chantilly State VA Zip Code 20151		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement 2002 Contribution	011 Category/ Type	2002 Contribution
Candidate Name	Disbursement For: 2002 Primary General Other (specify) ▼	Transaction ID: 7237129
Office Sought: House Senate President	State: District: 0	

Full Name (Last, First, Middle Initial) C. Kennedy For Congress		Date of Disbursement 10 / 11 / 2002
Mailing Address 11428 County Rd 13 Se City Watertown State MN Zip Code 55388		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Mark R. Kennedy	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7237263
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: MN District: 8	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Kennedy For Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 11426 County Rd 13 Se City Wabertown		Amount of Each Disbursement this Period 1500.00	
State MN	Zip Code 55388	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Mark R. Kennedy		Transaction ID: 7237272	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hobson for Congress Committee		Date of Disbursement 10 / 11 / 2002	
Mailing Address 780 North Vermont Street City Arlington		Amount of Each Disbursement this Period 1000.00	
State OH	Zip Code 22208	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. David L. Hobson		Transaction ID: 7237287	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Becerra for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address PO Box 281 D80 City Los Angeles		Amount of Each Disbursement this Period 1000.00	
State CA	Zip Code 90028	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Xavier Becerra		Transaction ID: 7237183	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Jeff Miller For Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address Post Office Box 100 City Milton State FL Zip Code 32572		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Mr. Jefferson Miller		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 1	Transaction ID: 7237271		

Full Name (Last, First, Middle Initial) B. Friends Of Rahm Emanuel		Date of Disbursement 10 / 11 / 2002	
Mailing Address 1059 West Belmont Avenue City Chicago State IL Zip Code 60657		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rahm Emanuel		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL District: 5	Transaction ID: 7237130		

Full Name (Last, First, Middle Initial) C. Dutch Ruppertsberger For Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address PO Box 5675 City Timonium State MD Zip Code 21094		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Dutch Ruppertsberger		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD District: 2	Transaction ID: 7237283		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Anne Summers For Congress			Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 642 City: Paramus State: NJ Zip Code: 07653			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution			011 Category/ Type	
Candidate Name Anne Summers				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 5		Transaction ID: 7237304		

Full Name (Last, First, Middle Initial) B. Forbes For Congress			Date of Disbursement 10 / 15 / 2002	
Mailing Address 524 Johnstown Road City: Chesapeake State: VA Zip Code: 23022			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution			011 Category/ Type	
Candidate Name Mr. J. Randy Forbes				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA District: 4		Transaction ID: 7280D13		

Full Name (Last, First, Middle Initial) C. Committee To Elect Frank W Ballance Jr			Date of Disbursement 10 / 15 / 2002	
Mailing Address East Macon Street Post Office Box 860 City: Warrenton State: NC Zip Code: 27589			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			011 Category/ Type	
Candidate Name Mr. Frank Ballance				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC District: 1		Transaction ID: 7258989		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. A Whole Lot Of People For Grijalva Congressional C		Date of Disbursement 10 th / 15 th / 2002	
Mailing Address PO Box 1242 City Tucson State AZ Zip Code 85702		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Mr. Raul Grijalva		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7258885	
State: AZ District: 7			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	73000.00