

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		3059823.23
(b) Cash on Hand at Beginning of Reporting Period.....	3059823.23	
(c) Total Receipts (from Line 19)	59528.50	59528.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3119351.73	3119351.73
7. Total Disbursements (from Line 31)	27759.96	27759.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3091591.77	3091591.77
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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y
 01 / 31 / 2012
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).....

3687.50

3687.50

(ii) Unitemized

5364.80

5364.80

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

9052.30

9052.30

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

9052.30

9052.30

12. Transfers From Affiliated/Other

Party Committees.....

50215.00

50215.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

261.20

261.20

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

59528.50

59528.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

59528.50

59528.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	259.96	259.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	259.96	259.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	27500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27759.96	27759.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27759.96	27759.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9052.30	9052.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9052.30	9052.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	259.96	259.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	259.96	259.96

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

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

FOR LINE NUMBER: PAGE 6 OF 17

(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. Jeff Finkelstein

Mailing Address 100 Grard St

City

New Britain

State

CT

Zip Code

06052-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of Central Connecticut, The

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2012

Transaction ID : 19663123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael P Thomas

Mailing Address P O Box 820

City

Meade

State

KS

Zip Code

67864-0820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meade District Hospital

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2012

Transaction ID : 19663188

Amount of Each Receipt this Period

237.50

Full Name (Last, First, Middle Initial)

C. Mr. Michael J Gillen

Mailing Address 100 Hospital Drive

City

Lebanon

State

MO

Zip Code

65536-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John's Hospital - Lebanon

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2012

Transaction ID : 19663191

Amount of Each Receipt this Period

350.00

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

837.50

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Deise Granado-Villar

Mailing Address 3100 SW 62nd Avenue

City State Zip Code
Miami FL 33155-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Children's Hospital

Occupation

Chief Medical Officer and Senior Vice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2012

Transaction ID : 19663200

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Benjamin Koppelman

Mailing Address 600 Pleasant Avenue

City State Zip Code
Park Rapids MN 56470-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Area Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : 19714218

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Brock D Nelson

Mailing Address 640 Jackson Street

City State Zip Code
Saint Paul MN 55101-2595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regions Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : 19714222

Amount of Each Receipt this Period

250.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Nelson

Mailing Address 1095 Highway 15 South

City

Hutchinson

State

MN

Zip Code

55350-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hutchinson Area Health Care

Occupation

Manager Rehabilitation Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2012

Transaction ID : 19714223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kim C. Byas Sr., MPH,

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2012

Transaction ID : 19714232

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Maulik Joshi

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President Research & Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2012

Transaction ID : 19714233

Amount of Each Receipt this Period

1000.00

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

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

1750.00

3687.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☒ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PACMailing Address 5510 Research Park Drive
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing
federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2012

Transaction ID : 19663142

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

B. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

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

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

Transaction ID : 19714196

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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

50215.00

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

50215.00

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

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

FOR LINE NUMBER: PAGE 10 OF 17

(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. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : 19714202

Amount of Each Receipt this Period

261.20

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

261.20

261.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Huffman for Congress 2012 Exploratory Co

Mailing Address PO Box 151563

City	State	Zip Code
San Rafael	CA	94915

Purpose of Disbursement
Contribution

Candidate Name

Jared HuffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : 19676797

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address PO Box 77

City	State	Zip Code
East Moline	IL	61244

Purpose of Disbursement
Contribution

Candidate Name

Ms. Cheri BustosOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : 19676798

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Peters For Congress

Mailing Address PO Box 226

City	State	Zip Code
Bloomfield Hills	MI	48303

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gary C. PetersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : 19676799

Amount of Each Disbursement this Period

2000.00

Contribution

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

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Quigley For Congress

Mailing Address PO Box 13040

City	State	Zip Code
Chicago	IL	60613

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael QuigleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2012

Transaction ID : 19676800

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition Political Action Committee

Mailing Address 700 13th Street N.W., Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2012 Contribution

Candidate Name

New Democrat Coalition Political Action CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2012

Transaction ID : 19676801

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. DANPACMailing Address 1088 Bishop Street
Suite 1009

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement
2012 Contribution

Candidate Name

DANPACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2012

Transaction ID : 19676803

Amount of Each Disbursement this Period

5000.00

2012 Contribution

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

7000.00

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

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Leadership of Today and TomorrowMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

Candidate Name

Leadership of Today and TomorrowOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2012

Transaction ID : 19676804

Amount of Each Disbursement this Period

2000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Olson For Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete OlsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2012

Transaction ID : 19679903

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Feinstein For SenateMailing Address 1801 Avenue of the Stars
Suite 829

City Los Angeles State CA Zip Code 90067

Purpose of Disbursement
Contribution

Candidate Name

Sen. Dianne FeinsteinOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2012

Transaction ID : 19679910

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Jobs PAC

Mailing Address P.O. Box 763

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement
Void of 11/2011 Check

011

Candidate Name

New York Jobs PACCategory/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2012

Transaction ID : 19682830

Amount of Each Disbursement this Period

-1000.00

Void of 11/2011 Check

Full Name (Last, First, Middle Initial)

B. Adam Smith For Congress Committee

Mailing Address PO Box 23626

City	State	Zip Code
Federal Way	WA	98093

Purpose of Disbursement
Void of 8/2011 Check

011

Candidate Name

Rep. D. Adam SmithCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:	2012	☒ Primary	☐ General
		☐ Other (specify) ▼	

State: WA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

Transaction ID : 19690857

Amount of Each Disbursement this Period

-1000.00

Void of 8/2011 Check

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address 109 Pitkin Street

City	State	Zip Code
East Hartford	CT	06108

Purpose of Disbursement
Void of 10/2011 Check.

011

Candidate Name

Rep. John B. LarsonCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For:	2012	☒ Primary	☐ General
		☐ Other (specify) ▼	

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : 19692668

Amount of Each Disbursement this Period

-1500.00

Void of 10/2011 Check.

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

-3500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. C.A. Dutch RuppersbergerCategory/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : 19713768

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Reclaim America PAC

Mailing Address 4031 South Le Jeune Road

City	State	Zip Code
Coral Gables	FL	33146

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Reclaim America PACCategory/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : 19713769

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Sherrod BrownCategory/
Type

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : 19713775

Amount of Each Disbursement this Period

500.00

Contribution

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

2500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC

Mailing Address P.O.Box 7255

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement
2012 Contribution

Candidate Name

Hawkeye PAC

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : 19714030

Amount of Each Disbursement this Period

5000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Tim Ryan For CongressMailing Address 1600 Roosevelt Avenue
Suite 804

City	State	Zip Code
Niles	OH	44446

Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy J. Ryan

Office Sought:	☒ House
	☐ Senate
	☐ President

State: OH District: 17

Disbursement For: 2012

☒ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : 19714031

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Snowe For Senate

Mailing Address PO Box 2012

City	State	Zip Code
Portland	ME	04104

Purpose of Disbursement
Contribution

Candidate Name

Sen. Olympia J. Snowe

Office Sought:	☐ House
	☒ Senate
	☐ President

State: ME District:

Disbursement For: 2012

☐ Primary	☒ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : 19714032

Amount of Each Disbursement this Period

1000.00

Contribution

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

7000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address PO Box 777

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve J. Israel

Office Sought:	☒ House
	☐ Senate
	☐ President

State: NY District: 02

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2012

Transaction ID : 19724561

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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1000.00

27500.00
