

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00106146
3. IS THIS REPORT NEW (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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 01 31 2011

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 03 17 2011

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		1836473.19
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	1836473.19									
(c) Total Receipts (from Line 19)	132214.49	132214.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1968687.68	1968687.68								
7. Total Disbursements (from Line 31)	16353.64	16353.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1952334.04	1952334.04								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	17403.20	17403.20
(ii) Unitemized	5525.37	5525.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22928.57	22928.57
(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)	22928.57	22928.57
12. Transfers From Affiliated/Other Party Committees	109200.00	109200.00
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.)	85.92	85.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	132214.49	132214.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132214.49	132214.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	453.64	453.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	453.64	453.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15900.00	15900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16353.64	16353.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16353.64	16353.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 26

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)	22928.57	22928.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22928.57	22928.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	453.64	453.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	453.64	453.64

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

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

FOR LINE NUMBER: PAGE 6 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
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 / D D / Y Y Y Y Y
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 18870964

Amount of Each Receipt this Period
50000.00

B. Full Name (Last, First, Middle Initial)
North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City State Zip Code
Cary NC 27519-4449

FEC ID number of contributing federal political committee. **C** C00194647

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
59200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 18870969

Amount of Each Receipt this Period
59200.00

SUBTOTAL of Receipts This Page (optional) ► **109200.00**

TOTAL This Period (last page this line number only) ► **109200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ms. Patricia R. Goldman</p> <p>Mailing Address 9 Farm Haven Court</p> <p>City State Zip Code Rockville MD 20852-4231</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt</p> <p>Occupation Senior Associate Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 18877342</p> <p>Amount of Each Receipt this Period 500.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Ms. Penny Brooke</p> <p>Mailing Address 2879 Jennie Lane</p> <p>City State Zip Code Salt Lake City UT 84117-5513</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Intermountain Healthcare, Inc.</p> <p>Occupation Trustee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 18878727</p> <p>Amount of Each Receipt this Period 350.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Ms. Kimberly McNally, , MN, RN</p> <p>Mailing Address 3300 Meridian Avenue N.</p> <p>City State Zip Code Seattle WA 98103-9150</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Harborview Medical Center</p> <p>Occupation Trustee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 18879795</p> <p>Amount of Each Receipt this Period 1000.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Duane Rossman

Mailing Address 1902 W. Yakima Avenue

City State Zip Code
Yakima WA 98902-2920

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

Name of Employer Occupation
Yakima Valley Memorial Hospital Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: 18879799

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Katherine Keene

Mailing Address 3861 St. Andrew's Loop

City State Zip Code
Salem OR 97302-9498

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

Name of Employer Occupation
Salem Health Board Chair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 18881090

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth H Feiler

Mailing Address 4567 East Ninth Avenue

City State Zip Code
Denver CO 80220-3941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: 18883079

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William Binder

Mailing Address 9050 Airline Highway
Suite 500

City State Zip Code
Baton Rouge LA 70815-4103

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

Name of Employer Occupation
Woman's Hospital Chair

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2011

Transaction ID: 18883418

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Maulik Joshi

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 18907424

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Etta S. Fielek

Mailing Address 110 4th St., SE

City State Zip Code
Washington DC 20003-1012

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

Name of Employer Occupation
American Hospital Association-Washingt Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 18907426

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Kim C. Byas, Sr., MPH,
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 18907427

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert Tsien
Mailing Address 1100 Carter Cooper Way

City State Zip Code
Oakton VA 22124

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

Name of Employer Inova Health System
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 18907428

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. James L Daily
Mailing Address 115 Porter Drive

City State Zip Code
Middlebury VT 05753-8423

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

Name of Employer Porter Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: 18907432

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Don H. Yablonowitz

Mailing Address 6613 Strutmann Lane

City State Zip Code
Rockville MD 20852-3676

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

Name of Employer: Doctors Community Hospital
Occupation: Physician Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: 18907433

Amount of Each Receipt this Period
245.00

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia Conway-Morana

Mailing Address 3300 Gallows Road

City State Zip Code
Falls Church VA 22042-3307

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

Name of Employer: Inova Fairfax Hospital
Occupation: Chief Nurse Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18907434

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 70 Medical Center Drive

City State Zip Code
Commerce GA 30529-1078

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

Name of Employer: BJC Medical Center
Occupation: Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 18907435

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **845.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Steve Dickson

Mailing Address P.O. Box 1909

City State Zip Code
Madison MS 39130-1909

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

Name of Employer Occupation
Stratagem President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 18907437

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda S. Quick

Mailing Address 1530 Gabriel Street

City State Zip Code
Hollywood FL 33020-3228

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

Name of Employer Occupation
South Florida Hospital As- President
sociation, In

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18907440

Amount of Each Receipt this Period
250.00

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

Mailing Address 175 North Harbor Drive

City State Zip Code
Chicago IL 60601-7344

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

Name of Employer Occupation
Woodrum, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 18907443

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Martha Harrell

Mailing Address 109 Springs Drive

City State Zip Code
Roswell GA 30075-4825

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

Name of Employer Georgia Hospital Association Occupation VP Educational Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910683

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Ginger E. Anspaugh, FHFMA

Mailing Address 4002 Sunhill Court

City State Zip Code
Woodstock GA 30189-2561

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

Name of Employer Georgia Hospital Association Occupation Senior Vice President & CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910684

Amount of Each Receipt this Period
500.00

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

Mailing Address 2813 Bakers Bridge Drive

City State Zip Code
Douglasville GA 30134-862

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

Name of Employer Georgia Hospital Association Occupation Vice President of Public Relations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910686

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 26
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Robert E. Bolden

Mailing Address 900 Powers Ferry Road
Suite 104

City State Zip Code
Marietta GA 30067-5774

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

Name of Employer Georgia Hospital Association
Occupation Director of Fiscal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910687

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Danae Gambill

Mailing Address 1345 Towne Lake Hills S. Drive
2000-402

City State Zip Code
Woodstock GA 30189-5350

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

Name of Employer Georgia Hospital Association
Occupation Director of Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910691

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Lynn Hale

Mailing Address 2016 Harbor Forest Drive

City State Zip Code
Marietta GA 30064-8378

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

Name of Employer Georgia Hospital Association
Occupation Assistant to the President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910692

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Ethan James	Date of Receipt MM / DD / YYYY 01 / 27 / 2011
	Mailing Address 1675 Terrell Mill Road	Transaction ID: 18910693
	City State Zip Code Marietta GA 30067-8339	Amount of Each Receipt this Period 504.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Hospital Association Occupation Director of Grassroots and Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00	

B.	Full Name (Last, First, Middle Initial) Ms Judy McClenaghan	Date of Receipt MM / DD / YYYY 01 / 27 / 2011
	Mailing Address 2806 Octavia Lane	Transaction ID: 18910696
	City State Zip Code Marietta GA 30062-4924	Amount of Each Receipt this Period 354.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Hospital Association Occupation Government Relations Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.20	

C.	Full Name (Last, First, Middle Initial) Ms. Kathryn McGowan	Date of Receipt MM / DD / YYYY 01 / 27 / 2011
	Mailing Address 4546 Windsor Oaks Ct.	Transaction ID: 18910697
	City State Zip Code Marietta GA 30066-2241	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Hospital Association Occupation Dir, Partnership for Health and Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1108.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3497 Mill Bridge Drive

City State Zip Code
Marietta GA 30062-5598

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: 18910698

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
Mr. Rhett C. Partin

Mailing Address Route 2 Box 3425

City State Zip Code
Nashville GA 31639-9537

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

Name of Employer Georgia Hospital Association Occupation Executive Director, The Center for Rur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18910699

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Glenn Pearson

Mailing Address 660 Crossfire Ridge

City State Zip Code
Marietta GA 30064-1393

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

Name of Employer Georgia Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 18910705

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 26
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Earl Rogers

Mailing Address 1675 Terrell Mill Road

City State Zip Code
Marietta GA 30067-8339

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

Name of Employer Georgia Hospital Association
Occupation Senior VP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910707

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Temple Sellers

Mailing Address 1782 Briar Lake Circle

City State Zip Code
Decatur GA 30033-1110

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

Name of Employer Georgia Hospital Association
Occupation Vice President, Legal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910715

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Carie Summers

Mailing Address 1675 Terrell Mill Road

City State Zip Code
Marietta GA 30067-8339

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

Name of Employer Georgia Hospital Association
Occupation Vice President, Financial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910717

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1569 Asheforde Drive

City State Zip Code
Marietta GA 30068-1850

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

Name of Employer Georgia Hospital Association
Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 18910718

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael J. Rock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 18914186

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	17403.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Paul D. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907380 Date of Disbursement 01 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Guthrie For Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907393 Date of Disbursement 01 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) McCollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907395 Date of Disbursement 01 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Glacier PAC	Transaction ID: 18907398 Date of Disbursement 01 / 25 / 2011
	Mailing Address 818 Connecticut Ave., NW Suite 1100	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement 2011 Contribution Candidate Name Glacier PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/ Type 2011 Contribution

B.	Full Name (Last, First, Middle Initial) Lone Star Leadership PAC	Transaction ID: 18907399 Date of Disbursement 01 / 25 / 2011
	Mailing Address 7315 Wisconsin Avenue Suite 310 East	Amount of Each Disbursement this Period 2500.00
	City Bethesda State MD Zip Code 20814	
	Purpose of Disbursement 2011 Contribution Candidate Name Lone Star Leadership PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/ Type 2011 Contribution

C.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 18907400 Date of Disbursement 01 / 25 / 2011
	Mailing Address 175 South West Temple Suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Contribution Candidate Name Sen. Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	011 Category/ Type Contribution

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
Contribution

Candidate Name
Sen. Michael F. Bennet

Office Sought: House
 Senate
 President

State: CO District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
2010 General Debt Re

Transaction ID: 18907402
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B.

Full Name (Last, First, Middle Initial)
Simpson For Congress

Mailing Address 1487 Parkway Drive

City State Zip Code
Blackfoot ID 83221

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael K. Simpson

Office Sought: House
 Senate
 President

State: ID District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18907404
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C.

Full Name (Last, First, Middle Initial)
Heller For Congress

Mailing Address PO Box 531086

City State Zip Code
Henderson NV 89053

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dean Heller

Office Sought: House
 Senate
 President

State: NV District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18907405
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907406</p> <p>Date of Disbursement 01 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907407</p> <p>Date of Disbursement 01 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907409</p> <p>Date of Disbursement 01 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frederick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18907410 Date of Disbursement 01 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Jon Runyan For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement Void of 11/10 Contribution</p> <p>Candidate Name Rep. Jon Runyan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re</p>	<p>Transaction ID: 18912886 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void of 11/10 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Flores For Congress</p> <p>Mailing Address PO Box 6207</p> <p>City Bryan State TX Zip Code 77805</p> <p>Purpose of Disbursement Void of 11/10 Contribution</p> <p>Candidate Name Rep. Bill Flores</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re</p>	<p>Transaction ID: 18912889 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void of 11/10 Contribution</p>

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) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Tom Reed For Congress</p> <p>Mailing Address 99 W 1st Street</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement Void of 11/10 Contribution</p> <p>Candidate Name Rep. Thomas Reed</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re</p>	<p>Transaction ID: 18912891 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void of 11/10 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Joe Baca</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Void of 10/10 Contribution</p> <p>Candidate Name Rep. Joseph Baca</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18912893 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -100.00</p> <p>011 Category/ Type</p> <p>Void of 10/10 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18913921 Date of Disbursement 01 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Friends Of Dick Lugar Inc

Mailing Address PO Box 55952

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Contribution

Candidate Name
Sen. Richard G. Lugar

Office Sought: House
 Senate
 President

State: IN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18913922
Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

B.

Full Name (Last, First, Middle Initial)
Huizenga For Congress

Mailing Address 441 William Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Redesignation of 11/2010 contribution

Candidate Name
Mr. William Huizenga

Office Sought: House
 Senate
 President

State: MI District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼
2010 General Debt Re

Transaction ID: 18983840
Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

-4000.00

011
Category/
Type

[MEMO ITEM]

Redesignation of 11/2010
contribution

C.

Full Name (Last, First, Middle Initial)
Huizenga For Congress

Mailing Address 441 William Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Redesignation

Candidate Name
Mr. William Huizenga

Office Sought: House
 Senate
 President

State: MI District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼
2010 Primary Debt Re

Transaction ID: 18983842
Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

[MEMO ITEM]

Redesignation

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

15900.00

**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 26 / 26

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Transaction ID: 18912879

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

263.41

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

263.41

TOTAL This Period (last page this line number only)

263.41