

**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 (12G)
Election on [] [] [] in the State of []
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

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 05 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										FEC FORM 3X (Rev. 12/2004)
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		2190847.18
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1483411.02									
(c) Total Receipts (from Line 19)	342787.98	1693980.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1826199.00	3884827.89								
7. Total Disbursements (from Line 31)	297577.79	2356206.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1528621.21	1528621.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	201190.69	766027.92
(ii) Unitemized	55665.08	319996.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	256855.77	1086024.86
(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)	256855.77	1086024.86
12. Transfers From Affiliated/Other Party Committees	81800.00	571482.61
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	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	4000.00	19750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	132.21	2085.70
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))	342787.98	1693980.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	342787.98	1693980.71

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.....	-524641.17	12739.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-524641.17	12739.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	161350.00	1430225.31
24. Independent Expenditure (use Schedule E)	658868.96	910324.50
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	725.00
(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	725.00
29. Other Disbursements.....	2000.00	2192.50
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))..	297577.79	2356206.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	297577.79	2356206.68

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)	256855.77	1086024.86
34. Total Contribution Refunds (from Line 28(d))	0.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	256855.77	1085299.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-524641.17	12739.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-524641.17	-1898.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 325 Seventh Street NW
Suite 700

City Washington State DC Zip Code 20004-2801

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 ▼ 350.00

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

Transaction ID: 18680728

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Cheryl Nester-Wolfe

Mailing Address 252 Muirfield Avenue SE

City Salem State OR Zip Code 97306-8594

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

Name of Employer Salem Hospital Occupation Sr. VP, Patient Care, Chief Nursing Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18680976

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mary Ann Hewston, MPM, BSN,

Mailing Address 10501 State Hwy 285

City Conneaut Lake State PA Zip Code 16316

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

Name of Employer Meadville Medical Center Occupation Director, Clinical and Support Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18681048

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 7 / 261
(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. John H Tobin

Mailing Address 64 Robbins Street

City State Zip Code
Waterbury CT 06708-2600

FEC ID number of contributing federal political committee. C

Name of Employer Waterbury Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 18681054

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Harris

Mailing Address P O Box 250

City State Zip Code
Marshall MO 65340-0250

FEC ID number of contributing federal political committee. C

Name of Employer Fitzgibbon Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 18681064

Amount of Each Receipt this Period 400.00

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

Mailing Address Box 589

City State Zip Code
Petersburg AK 99833-0589

FEC ID number of contributing federal political committee. C

Name of Employer Petersburg Medical Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 18681089

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1400.00

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 8 / 261
(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. Peter J Holden

Mailing Address 275 Sandwich Street

City Plymouth State MA Zip Code 02360-2183

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

Name of Employer Jordan Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 18681772
 Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gary L Brewer

Mailing Address 1906 Blake Avenue

City Glenwood Springs State CO Zip Code 81601-4227

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

Name of Employer Valley View Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 18681786
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Peter E Makowski

Mailing Address 4231 West 16th Avenue

City Denver State CO Zip Code 80204-1335

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

Name of Employer St. Anthony Central Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 18681841
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 9 / 261
(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. Margaret D Sabin

Mailing Address P O Box 7021

City State Zip Code
Colorado Springs CO 80933-7021

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

Name of Employer: Penrose-St. Francis Health Services
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 18681940
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Charlotte Ramsey

Mailing Address 6216 Crooked Stick Way

City State Zip Code
Radford VA 24141-7025

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

Name of Employer: Carilion New River Valley Medical Cent
Occupation: Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: 18682191
 Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Craig J Broman

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1901

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

Name of Employer: St. Cloud Hospital
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: 18682215
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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 10 / 261
	<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. Dennis J Doran		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 701 South Dellwood Street		Transaction ID: 18682218		
	City Cambridge	State MN	Zip Code 55008-1920	Amount of Each Receipt this Period 57.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cambridge Medical Center	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 232.50			

B.	Full Name (Last, First, Middle Initial) Mr. Mark A Eustis		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 2450 Riverside Avenue		Transaction ID: 18682219		
	City Minneapolis	State MN	Zip Code 55454-1450	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fairview Health Services	Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 515.00			

C.	Full Name (Last, First, Middle Initial) Mr. Bill Nelson		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address P.O. Box A		Transaction ID: 18682301		
	City Onamia	State MN	Zip Code 56359-7901	Amount of Each Receipt this Period 110.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mille Lacs Health System	Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

SUBTOTAL of Receipts This Page (optional)	▶	182.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Terence Pladson, MD

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer Occupation
CentraCare Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 18682302

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
Mr. Randy Ulseth

Mailing Address 301 South Highway 65

City State Zip Code
Mora MN 55051-1899

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

Name of Employer Occupation
Kanabec Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 18682303

Amount of Each Receipt this Period
445.00

C. Full Name (Last, First, Middle Initial)
Ms. Ginger L. Bliss

Mailing Address 5403 West 161st Terrace

City State Zip Code
Overland Park KS 66085-7814

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

Name of Employer Occupation
Carondelet Health VP, Strategic Planning & Business Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 18684883

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **905.00**

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 / 261
(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 M Jennings

Mailing Address 17725 Wilding Place Dr

City State Zip Code
Chesterfield MO 63005-4279

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

Name of Employer Occupation
Bridgeport Hospital President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18687435

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr Joel R Reich, MD

Mailing Address 71 Haynes Street

City State Zip Code
Manchester CT 06040-4131

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

Name of Employer Occupation
Eastern Connecticut Health Network Senior Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18687436

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Vincent Capece

Mailing Address 28 Crescent Street

City State Zip Code
Middletown CT 06457-3650

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

Name of Employer Occupation
Middlesex Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18687437

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 261
(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. Dennis P McConville

Mailing Address 80 Chilstone Ln

City State Zip Code
Manchester CT 06040-5651

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

Name of Employer Eastern Connecticut Health Network
Occupation Senior VP Planning, Marketing, Communi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18687438

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. David A Whitehead

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2733

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

Name of Employer William W. Backus Hospita- l, The
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18687439

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Dr. Jane Deane Clark, PhD

Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

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

Name of Employer Connecticut Hospital Asso- ciation
Occupation Senior Director, Healthcare Data

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18687441

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: (check only one)	PAGE 14 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Chad Wable	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 35 Inverness Ct	Transaction ID: 18687442
	City State Zip Code Cheshire CT 06410-3548	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Mary's Hospital President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gerald J Boisvert	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 282 Washington Street	Transaction ID: 18687443
	City State Zip Code Hartford CT 06106-3322	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Connecticut Children's Medical Center Executive Vice President and Chief Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Daniel E Lohr	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 326 Washington Street	Transaction ID: 18687444
	City State Zip Code Norwich CT 06360-2733	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation William W. Backus Hospital, The Senior Vice President and Chief Financ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard A Brvenik, FACHE

Mailing Address 112 Mansfield Avenue

City State Zip Code
Willimantic CT 06226-2041

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

Name of Employer Occupation
Windham Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18687445

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 292 Pequot Avenue

City State Zip Code
New London CT 06320-4451

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

Name of Employer Occupation
Lawrence & Memorial Hospital Vice President, Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18687459

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms Laura J. Hanten Jordan

Mailing Address 49 Oxford St

City State Zip Code
Hartford CT 06105-2915

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

Name of Employer Occupation
Connecticut Hospital Association VP, Patient Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18687460

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Stephen A. Frayne

Mailing Address 411 Old Sherman Hill Road

City State Zip Code
Woodbury CT 06798-4003

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

Name of Employer Connecticut Hospital Association
Occupation Senior Vice President, Health Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18687462

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 130 Division Street

City State Zip Code
Derby CT 06418-1326

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

Name of Employer Griffin Hospital
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
1 0 / 2 1 / 2 0 1 0

Transaction ID: 18687558

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kimberley K. Hostetler

Mailing Address 31 Prospect Place

City State Zip Code
Bristol CT 06010-5045

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

Name of Employer Connecticut Hospital Association
Occupation Vice President Administration and Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18687559

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: (check only one)	PAGE 17 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms Kyle Ballou	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 20 York Street	Transaction ID: 18687560
	City State Zip Code New Haven CT 06510-3220	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Yale-New Haven Hospital Administrative Director Community & Go	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 789 Howard Avenue	Transaction ID: 18687561
	City State Zip Code New Haven CT 06519-1304	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Yale New Haven Health System President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Kurt A Barwis, FACHE	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address P O Box 977	Transaction ID: 18687562
	City State Zip Code Bristol CT 06011-0977	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bristol Hospital President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 18 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. James D. Iacobellis		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 110 Barnes Road		Transaction ID: 18687577
	City Wallingford	State CT	Zip Code 06492-1802
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Connecticut Hospital Association	Occupation Vice President, Government Relations	Aggregate Year-to-Date 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Martin J. Gavin		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 108 Winding Lane		Transaction ID: 18687578
	City Avon	State CT	Zip Code 06001-2625
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Connecticut Children's Medical Center	Occupation President & CEO	Aggregate Year-to-Date 350.00

C.	Full Name (Last, First, Middle Initial) Ms. Carolyn S. Kobsa		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address P O Box 5000		Transaction ID: 18687579
	City Bridgeport	State CT	Zip Code 06610-0120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Bridgeport Hospital	Occupation Senior Vice President Planning and Mar	Aggregate Year-to-Date 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 19 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Peter N Herbert, MD
Mailing Address 789 Howard Avenue
City State Zip Code
New Haven CT 06519-1304
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Yale New Haven Health System Senior Vice President Medical Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 21 / 2010
Transaction ID: 18687580
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Lucille A Janatka
Mailing Address 435 Lewis Avenue
City State Zip Code
Meriden CT 06451-2101
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MidState Medical Center President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 21 / 2010
Transaction ID: 18687585
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Susan L Davis, RN, EdD
Mailing Address 2800 Main Street
City State Zip Code
Bridgeport CT 06606-4201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
St. Vincent's Medical Center President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 21 / 2010
Transaction ID: 18687586
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 20 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John J. Brady, III

Mailing Address 5 Lynnbrook Road

City State Zip Code
Trumbull CT 06611-3308

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

Name of Employer Connecticut Hospital Association
Occupation Vice President, Business Development &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18687588

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Allan Pinard

Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

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

Name of Employer Connecticut Hospital Association
Occupation Assistant Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18687591

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. John H Tobin

Mailing Address 64 Robbins Street

City State Zip Code
Waterbury CT 06708-2600

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

Name of Employer Waterbury Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 18687592

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 261
(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson</p> <p>Mailing Address 61 Hickory Lane</p> <p>City State Zip Code Madison CT 06443-1718</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Connecticut Hospital Association Occupation President and Chief Executive Officer</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 M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</p> <p>Transaction ID: 18687602</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Kevin Reynolds</p> <p>Mailing Address 280 Steele Road</p> <p>City State Zip Code West Hartford CT 06117-2743</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Saint Francis Care, Inc. 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 ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</p> <p>Transaction ID: 18687610</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Robert J. Falaguerra</p> <p>Mailing Address 114 Woodland Street</p> <p>City State Zip Code Hartford CT 06105-1208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President Plant Operation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0</p> <p>Transaction ID: 18687612</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

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 22 / 261
(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. Bernard A. Clark, III

Mailing Address 93 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06033-2545

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Chairman, Dept. of Medicine

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

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

Transaction ID: 18687618

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms Teresa Bolton

Mailing Address 37 Candlewood Dr

City State Zip Code
West Hartford CT 06117-1010

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice President Legal Affairs

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

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

Transaction ID: 18687622

Amount of Each Receipt this Period
250.00

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

Mailing Address 115 Mountain Terrace Road

City State Zip Code
West Hartford CT 06107-1547

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice President, Communications

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

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

Transaction ID: 18687630

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 261
	<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. R Christopher Hartley	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 114 Woodland Street	Transaction ID: 18687635
	City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Francis Care, Inc. Senior Vice President Planning and Fac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Edward Johnson	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 114 Woodland Street	Transaction ID: 18687835
	City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Francis Hospital and Medical Cen Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hanley	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 349 East Street	Transaction ID: 18687840
	City State Zip Code Hebron CT 06248-1102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Francis Hospital and Medical Cen Administrative Liaison	
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 261
	<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 Gregory T Makoul		Date of Receipt
	Mailing Address 49 Madison Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Madison	CT	06443-3135
	FEC ID number of contributing federal political committee. C		Transaction ID: 18687844
Name of Employer Saint Francis Hospital and Medical Cen		Occupation Sr. Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Howard A. Shaw, MD		Date of Receipt
	Mailing Address 65 Olander Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Middletown	CT	06457-1574
	FEC ID number of contributing federal political committee. C		Transaction ID: 18687846
Name of Employer Saint Francis Hospital and Medical Cen		Occupation Chairman & Director, Department OB/GYN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Ms Nicole J Schulz		Date of Receipt
	Mailing Address 142 Four Mile Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	West Hartford	CT	06107-3021
	FEC ID number of contributing federal political committee. C		Transaction ID: 18687928
Name of Employer Saint Francis Hospital and Medical Cen		Occupation VP Revenue Cycle	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Daniel J Diver, M.D.

Mailing Address 2 Whitehall Place

City Farmington State CT Zip Code 06032-1455

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Director Hoffman Heart and Vascular In

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2010
Transaction ID: 18687938
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Roche

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Executive Vice President&COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2010
Transaction ID: 18687942
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey Steinberg

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Chairman of Surgery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2010
Transaction ID: 18687945
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 261
(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. Jennifer Schneider		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	1		2	0	1	0													
Mailing Address 17 Candlewood Lane		Transaction ID: 18687952																				
City Granby	State CT	Zip Code 06035-1127																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Saint Francis Hospital and Medical Cen	Occupation VP, Lean & Contributions Improvement																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

B.

Full Name (Last, First, Middle Initial) Mr. Stuart E. Rosenberg		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	1		2	0	1	0													
Mailing Address 289 Hill St		Transaction ID: 18687953																				
City Bristol	State CT	Zip Code 06010-2955																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>275.00</td></tr></table>	275.00																			
275.00																						
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Executive Director- North Campus																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>275.00</td></tr></table>	275.00																				
275.00																						

C.

Full Name (Last, First, Middle Initial) Mr. Donald Straceski		Date of Receipt <table border="1" style="font-size: small; 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>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	1		2	0	1	0													
Mailing Address 114 Woodland Street		Transaction ID: 18687954																				
City Hartford	State CT	Zip Code 06105-1208																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice President Fiancial Management																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>775.00</td></tr></table>	775.00
775.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 261
(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. Jess Kupec

Mailing Address 8 Ellridge Place

City State Zip Code
Ellington CT 06029-3633

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen President and CEO

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

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

Transaction ID: 18687959

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph White, III

Mailing Address 10 Lakeside Terrace

City State Zip Code
Westford MA 01886-1392

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

Name of Employer Occupation
Lowell General Hospital Executive Vice President & COO

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

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

Transaction ID: 18687960

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Paul R Bengtson

Mailing Address PO Box 905

City State Zip Code
Saint Johnsbury VT 05819-0905

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

Name of Employer Occupation
Northeastern Vermont Regional Hospital Chief Executive Officer

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

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

Transaction ID: 18694330

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Jill Berry Bowen		Date of Receipt	
	Mailing Address 133 Fairfield Street		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 18694331
	Saint Albans	VT	05478-1726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Northwestern Medical Center		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) Mr. Kevin Donovan, FACHE		Date of Receipt	
	Mailing Address 512 Brookside Dr		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 18694332
	New London	NH	03257-5858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Mt. Ascutney Hospital and Health Centre		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) Dr. Melinda Estes, MD		Date of Receipt	
	Mailing Address 111 Colchester Avenue		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 18694334
	Burlington	VT	05401-1473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Fletcher Allen Health Care		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
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 29 / 261
	<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. Marie Beatrice Grause, RN, JD	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 1580 North Street	Transaction ID: 18694335
	City State Zip Code Montpelier VT 05602-2997	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Vermont Association of Hospitals & Health Centers	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Ms Lori Brown	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 40349 Braddock Rd	Transaction ID: 18695237
	City State Zip Code Aldie VA 20105-2719	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Inova Health System	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ben Clark	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1920 Atherholt Road	Transaction ID: 18695238
	City State Zip Code Lynchburg VA 24501-1104	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Centra Lynchburg General Hospital	Occupation Vice President and Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1700.00
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 30 / 261
(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. James B Cole

Mailing Address 1701 North George Mason Drive

City State Zip Code
Arlington VA 22205-3610

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Chief Executive Officer

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

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

Transaction ID: 18695239

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Hudson

Mailing Address 8004 Greenwich Woods Drive

City State Zip Code
McLean VA 22102-1332

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

Name of Employer Occupation
Inova Fairfax Hospital Trustee

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

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

Transaction ID: 18695241

Amount of Each Receipt this Period
350.00

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

Mailing Address 1476 Bridge Point Trail

City State Zip Code
Suffolk VA 23432-1320

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

Name of Employer Occupation
Sentara Healthcare Vice President Medical Affairs

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

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

Transaction ID: 18695243

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Dean Morehouse		Date of Receipt
	Mailing Address 8800 Pennsylvania Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Upper Marlboro	MD	20772-7312
	FEC ID number of contributing federal political committee.		Transaction ID: 18695262
		Amount of Each Receipt this Period	
		<input type="text"/> 350.00	
Name of Employer Inova Health System		Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

B.	Full Name (Last, First, Middle Initial) Mr Shane H Peng, MD		Date of Receipt
	Mailing Address 9870 Breezy Pont Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Hayes	VA	23072-4019
	FEC ID number of contributing federal political committee.		Transaction ID: 18695264
		Amount of Each Receipt this Period	
		<input type="text"/> 350.00	
Name of Employer Sentara Healthcare		Occupation VP Sr Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Patricia Schmehl		Date of Receipt
	Mailing Address 3221 Sargent Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Falls Church	VA	22044-1614
	FEC ID number of contributing federal political committee.		Transaction ID: 18695265
		Amount of Each Receipt this Period	
		<input type="text"/> 350.00	
Name of Employer Inova Fairfax Hospital		Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 32 / 261
(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. G. Robert Vaughan, Jr.
Mailing Address 1839 Mt. Vernon Road

City State Zip Code
Roanoke VA 24015-2906

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

Name of Employer Occupation
Carilion Clinic Vice President Finance

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

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

Transaction ID: 18695268
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Glenn Zirbser
Mailing Address 507 N Highland St

City State Zip Code
Arlington VA 22201-2037

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

Name of Employer Occupation
Inova Loudoun Hospital Chief Financial Officer

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

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

Transaction ID: 18695699
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas A Kleinhanzl
Mailing Address 4306 Saratoga Springs Court

City State Zip Code
Middletown MD 21769-8110

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: 18695712
Amount of Each Receipt this Period 255.00

SUBTOTAL of Receipts This Page (optional) ► **955.00**

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 33 / 261
(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. James J Xinis

Mailing Address 8430 Meadowview Circle

City Owings State MD Zip Code 20736-9502

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: 18695720
Amount of Each Receipt this Period: 391.00

B.

Full Name (Last, First, Middle Initial)
Mr. John O Wilhelm, Jr

Mailing Address 133 Old Road to Nine Acre Corner

City Concord State MA Zip Code 01742-9120

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

Name of Employer Emerson Hospital Occupation Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: 18696157
Amount of Each Receipt this Period: 1000.00

C.

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

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.02

Date of Receipt: 10 / 25 / 2010
Transaction ID: 18696192
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ► **1474.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 261

(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. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Vice Pres, Regulatory/Strategic Affair

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696200

Amount of Each Receipt this Period

134.61

B.

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

Mailing Address 301 S. Oak Avenue SW

City State Zip Code
Willamar MN 56201

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

Name of Employer Occupation
Rice Memorial Hospital Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696202

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Roger E Green

Mailing Address 559 Capitol Boulevard, 6-South

City State Zip Code
Saint Paul MN 55103-0000

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

Name of Employer Occupation
HealthEast Care System Vice President Strategy, Policy and Co

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.15

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696210

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) ▶

205.44

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 35 / 261
	<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. Richard Kreyer	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 2550 University Avenue W.	Transaction ID: 18696212
	City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 134.61
	FEC ID number of contributing federal political committee. C	
Name of Employer Minnesota Hospital Association	Occupation Vice President, Work Force	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

B.	Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 2550 University Avenue W.	Transaction ID: 18696215
	City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Minnesota Hospital Association	Occupation Vice President of Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Ms. Peggy Westby	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 2550 University Avenue W. Suite 350-S	Transaction ID: 18696217
	City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 134.61
	FEC ID number of contributing federal political committee. C	
Name of Employer Minnesota Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional)	409.22
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 261
(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. Kimber L Wraalstad, FACHE

Mailing Address 515 5th Avenue West

City State Zip Code
Grand Marais MN 55604-3017

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

Name of Employer Cook County North Shore Hospital
Occupation Administrator 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696218

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mitchell C Carson

Mailing Address P O Box 1659

City State Zip Code
Longmont CO 80502-1659

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

Name of Employer Longmont United Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.25

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

Transaction ID: 18696874

Amount of Each Receipt this Period
11.25

C.

Full Name (Last, First, Middle Initial)
Dr Jodi Chambers, MD

Mailing Address 4231 West 16th Avenue

City State Zip Code
Denver CO 80204-1335

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

Name of Employer St. Anthony Central Hospital
Occupation Chief Medical 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: 18696879

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **511.25**

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

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

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

FOR LINE NUMBER: PAGE 37 / 261
(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. George E Hayes

Mailing Address 2500 Rocky Mountain Avenue

City Loveland State CO Zip Code 80538-9004

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

Name of Employer Medical Center of the Rockies Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 25 / 2010

Transaction ID: 18696880

Amount of Each Receipt this Period 45.00

B. Full Name (Last, First, Middle Initial)
Mr. Gerald R. Sprong

Mailing Address 4201 Hidden Valley Drive

City Saint Joseph State MO Zip Code 64506-2198

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

Name of Employer Heartland Health Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2010

Transaction ID: 18696907

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Joanne Carrocino, FACHE

Mailing Address 903 Shore Drive

City Cape May State NJ Zip Code 08204-2234

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

Name of Employer Cape Regional Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2010

Transaction ID: 18696952

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **795.00**

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 38 / 261
	<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. Ronald J Del Mauro	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 94 Old Short Hills Road	Transaction ID: 18696958
	City State Zip Code Livingston NJ 07039-5672	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Saint Barnabas Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. John A Fromhold	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 333 East Main Street, Suite 300	Transaction ID: 18696964
	City State Zip Code Louisville KY 40202-1256	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Merit Health Systems	Occupation Senior Executive Vice President and Ch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. John T Gribbin, FACHE	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 901 West Main Street	Transaction ID: 18696969
	City State Zip Code Freehold NJ 07728-2537	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CentraState Healthcare System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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: (check only one)	PAGE 39 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Fred Hipp, Jr.	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1011 Deacon Road	Transaction ID: 18696971
	City State Zip Code Hainesport NJ 08036-3610	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Virtua Health Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 6180 Lower Mountain Road	Transaction ID: 18696972
	City State Zip Code New Hope PA 18938-5760	Amount of Each Receipt this Period 329.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation New Jersey Hospital Association Sr. VP., Health Economics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.35	

C.	Full Name (Last, First, Middle Initial) Dr. Al Maghazehe, PhD, FACHE	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 750 Brunswick Avenue	Transaction ID: 18696983
	City State Zip Code Trenton NJ 08638-4143	Amount of Each Receipt this Period 1369.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Capital Health Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.00	

SUBTOTAL of Receipts This Page (optional)	▶	2198.57
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John P McGee

Mailing Address 60 Old Mill Road

City State Zip Code
Holmdel NJ 07733-2315

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

Name of Employer Occupation
Solaris Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 18696987

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Audrey Meyers

Mailing Address 223 North Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-2726

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

Name of Employer Occupation
Valley Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 18696989

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 95 Old Short Hills Road

City State Zip Code
West Orange NJ 07052-1008

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

Name of Employer Occupation
Saint Barnabas Health Care System Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 18696997

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 261

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 4 Brookside Drive

City State Zip Code
Bordentown NJ 08505-4439

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 18697001

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 2500 English Creek Avenue, Buildin

City State Zip Code
Egg Harbor Townshi NJ 08234-5549

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

Name of Employer Occupation
AtlantiCare President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 18697008

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Claudio D Fort

Mailing Address 189 Prouty Drive

City State Zip Code
Newport VT 05855-9326

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

Name of Employer Occupation
North Country Hospital and Health Cent President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 18697148

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

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 42 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Anne E. Cramer

Mailing Address 153 Packard Road

City State Zip Code
Jericho VT 05465-2025

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

Name of Employer Occupation
Vermont Association of Ho- Legal Counsel VTHA
spitals & Hea

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

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

Transaction ID: 18700901

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Judith C Tarr

Mailing Address P O Box 547

City State Zip Code
Barre VT 05641-0547

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

Name of Employer Occupation
Central Vermont Medical President and Chief Executive Officer
Center

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

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

Transaction ID: 18700905

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 789 Howard Avenue

City State Zip Code
New Haven CT 06519-1304

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

Name of Employer Occupation
Yale New Haven Health Sys- Executive Vice President Corporate and
tem

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

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

Transaction ID: 18700961

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 261
(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 Smanik, FACHE

Mailing Address P O Box 6001

City Putnam State CT Zip Code 06260-0901

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

Name of Employer Day Kimball Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18700964
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Frank R. Brownell, III

Mailing Address Post Office Box 76
100 North 10th Street

City Montezuma State IA Zip Code 50171-0076

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

Name of Employer Grinnell Regional Medical Center Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 18700996
Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter W Thoreen, FACHE

Mailing Address 2720 Stone Park Boulevard

City Sioux City State IA Zip Code 51104-3795

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

Name of Employer St. Luke's Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 18700997
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 261
(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. J. Kirk Norris

Mailing Address 5055 Upper Creek Drive

City State Zip Code
Pleasant Hill IA 50327

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

Name of Employer Occupation
Iowa Hospital Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 18700998

Amount of Each Receipt this Period
750.00

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

Mailing Address 1825 Logan Avenue

City State Zip Code
Waterloo IA 50703-1916

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 18700999

Amount of Each Receipt this Period
550.00

C. Full Name (Last, First, Middle Initial)
Mr. William B Leaver

Mailing Address 1200 Pleasant Street

City State Zip Code
Des Moines IA 50309-1406

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

Name of Employer Occupation
Iowa Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 18701000

Amount of Each Receipt this Period
550.00

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: PAGE 45 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1795 Highway 64 East

City State Zip Code
Anamosa IA 52205-2112

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

Name of Employer Jones Regional Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

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

Transaction ID: 18701027

Amount of Each Receipt this Period
550.00

B.

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

Mailing Address 250 Mercy Drive

City State Zip Code
Dubuque IA 52001-7320

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

Name of Employer Mercy Medical Center-Dubuque
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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701028

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Dale Andres, DO

Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2610

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

Name of Employer Mercy Medical Center-Des Moines
Occupation Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18701029

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard A Seidler, FACHE

Mailing Address 2701 17th Street

City State Zip Code
Rock Island IL 61201-5351

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18701030

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Larry W Sellers, MD

Mailing Address P O Box 3168

City State Zip Code
Sioux City IA 51102-3168

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

Name of Employer Occupation
Mercy Medical Center-Sioux City Chief Medical 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701031

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. David H Vellinga, FACHE

Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2613

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

Name of Employer Occupation
Mercy Medical Center-Des Moines 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701051

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 47 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1200 Pleasant Street

City State Zip Code
Des Moines IA 50309-1453

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

Name of Employer Iowa Health System Occupation Vice President and Chief Medical 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701052

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1403 66th Street

City State Zip Code
Windsor Heights IA 50324-1722

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

Name of Employer Iowa Hospital Association Occupation Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18701053

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address P O Box 3026

City State Zip Code
Cedar Rapids IA 52406-3026

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

Name of Employer St. Luke's Hospital Occupation Executive Vice President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18701054

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 48 / 261

(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. Timothy L Charles

Mailing Address 701 Tenth Street SE

City State Zip Code
Cedar Rapids IA 52403-1251

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701055

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Suku Radia

Mailing Address 4800 Stonebridge Circle

City State Zip Code
West Des Moines IA 50265-2982

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

Name of Employer Occupation
Mercy Medical Center Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701065

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gary S. Kahn

Mailing Address 1104 S. 5th Ave. W.

City State Zip Code
Newton IA 50208-3511

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

Name of Employer Occupation
Skiff Medical Center Trustee

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701066

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 49 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas P Cropper

Mailing Address 1227 East Rusholme Street

City State Zip Code
Davenport IA 52803-2459

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

Name of Employer Occupation
Genesis Health System 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701067

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1000 Fourth Street SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Occupation
Mercy Medical Center-North Iowa 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701068

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 100 East Graham Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1835

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

Name of Employer Occupation
Iowa Hospital Association Senior 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 Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701069

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 50 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Rebecca Anthony	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 100 East Grand Avenue Suite 100	Transaction ID: 18701083
	City State Zip Code Des Moines IA 50309-1800	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Iowa Hospital Association Occupation Vice President, Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Greg E. Boattenhamer	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 100 East Grand Avenue Suite 100	Transaction ID: 18701084
	City State Zip Code Des Moines IA 50309-1829	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Iowa Hospital Association Occupation Sr. Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Perry J. Meyer	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1920 SE Olson Drive	Transaction ID: 18701085
	City State Zip Code Waukee IA 50263-8180	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Iowa Hospital Association Occupation Vice President, Information Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 51 / 261
	<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. Art J. Spies

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code
Des Moines IA 50309-1800

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

Name of Employer Occupation
Iowa Hospital Association Senior Vice President, Membership Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18701086

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Maureen Keehnle

Mailing Address 100 East Grand Avenue Suite 100

City State Zip Code
Des Moines IA 50309-1817

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

Name of Employer Occupation
Iowa Hospital Association Vice President and General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18701087

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Steven P Baumert

Mailing Address P O Box 2C

City State Zip Code
Council Bluffs IA 51502-3002

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

Name of Employer Occupation
Jennie Edmundson Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18701104

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: (check only one)	PAGE 52 / 261
	<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. Marilyn E. Kaptain-Dahlen	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 801 15th Street Box 203	Transaction ID: 18701105
	City State Zip Code Sioux City IA 51105-1502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Medical Center-Sioux City Vice President, Regionalization	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark D Richardson, FACHE	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1221 South Gear Avenue	Transaction ID: 18701106
	City State Zip Code West Burlington IA 52655-1681	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Great River Medical Center President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Sandra L. McIntosh, RN, MA, CN	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1208 Woodland Dr. SE	Transaction ID: 18701107
	City State Zip Code Cedar Rapids IA 52403-9076	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Luke's Hospital Director, Emergency Medical/Surgical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	1375.00
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 53 / 261

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Mary S Wells, RN

Mailing Address P O Box 148

City State Zip Code
Sumner IA 50674-0148

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

Name of Employer Occupation
Community Memorial Hospital Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701108

Amount of Each Receipt this Period

350.00

B.

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

Mailing Address P O Box 174

City State Zip Code
Fort Madison IA 52627-0174

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

Name of Employer Occupation
Fort Madison Community Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701129

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Philip Peterson

Mailing Address 701 Tenth Street SE

City State Zip Code
Cedar Rapids IA 52403-1292

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

Name of Employer Occupation
Mercy Medical Center Executive Vice President and Chief Fin

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701130

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 261
(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. Jay Christensen, FACHE
Mailing Address 1229 'C' Avenue East
City Oskaloosa State IA Zip Code 52577-4246
FEC ID number of contributing federal political committee. **C**
Name of Employer Mahaska Health Partnership Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 10 / 26 / 2010
Transaction ID: 18701131
Amount of Each Receipt this Period 275.00

B. Full Name (Last, First, Middle Initial)
Mr. Clinton J Christianson, FACHE
Mailing Address 1 St Joseph's Drive
City Centerville State IA Zip Code 52544-9017
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Medical Center-Centerville Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 10 / 26 / 2010
Transaction ID: 18701132
Amount of Each Receipt this Period 275.00

C. Full Name (Last, First, Middle Initial)
Ms. Joan Bierman
Mailing Address 300 Sioux Valley Drive
City Cherokee State IA Zip Code 51012-1205
FEC ID number of contributing federal political committee. **C**
Name of Employer Cherokee Regional Medical Center Occupation Vice President Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50
Date of Receipt 10 / 26 / 2010
Transaction ID: 18701133
Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional) ► 812.50
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 261
(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 C Travis

Mailing Address 4827 School House Rd

City State Zip Code
Bettendorf IA 52722-6577

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

Name of Employer Genesis Medical Center-Davenport
Occupation VP of Strategic Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

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

Transaction ID: 18701140

Amount of Each Receipt this Period
262.50

B. Full Name (Last, First, Middle Initial)
Ms. Pamela K Delagardelle

Mailing Address 201 East 'J' Avenue

City State Zip Code
Grundy Center IA 50638-2028

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

Name of Employer Grundy County Memorial Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18701141

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory A Paris, FACHE

Mailing Address 6580 165th Street

City State Zip Code
Albia IA 52531-8793

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

Name of Employer Monroe County Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18701142

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **762.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1501 East Tenth Street

City State Zip Code
Atlantic IA 50022-1936

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

Name of Employer
Cass County Memorial Hospital

Occupation
Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701143

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph S Smith

Mailing Address 1015 Union Street

City State Zip Code
Boone IA 50036-4898

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

Name of Employer
Boone County Hospital

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701144

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gary P Riedmann, FACHE

Mailing Address P O Box 628

City State Zip Code
Carroll IA 51401-0628

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

Name of Employer
St. Anthony Regional 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701150

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 261
(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. A. James Tinker

Mailing Address 701 Tenth Street SE

City State Zip Code
Cedar Rapids IA 52403-1251

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701151

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 300 Sioux Valley Drive

City State Zip Code
Cherokee IA 51012-1205

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

Name of Employer Occupation
Cherokee Regional Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701152

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Todd C Linden

Mailing Address 210 Fourth Avenue

City State Zip Code
Grinnell IA 50112-1886

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

Name of Employer Occupation
Grinnell Regional Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701153

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 261

(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 Lon D Butikofer, RN, PhD

Mailing Address P O Box 359

City State Zip Code
Manchester IA 52057-0359

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

Name of Employer Occupation
Regional Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701154

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Francis G Tramp

Mailing Address 1600 Diamond Street

City State Zip Code
Onawa IA 51040-1548

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

Name of Employer Occupation
Burgess Health Center President

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701163

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Allen E Pohren

Mailing Address P O Box 498

City State Zip Code
Red Oak IA 51566-0498

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

Name of Employer Occupation
Montgomery County Memorial Hospital Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 261
(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. Michael T Donlin, FACHE

Mailing Address 714 Lincoln Street NE

City State Zip Code
Le Mars IA 51031-3314

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

Name of Employer
Floyd Valley Hospital/Avera Health

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701165

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 40 First Street SE

City State Zip Code
Waukon IA 52172-2022

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

Name of Employer
Veterans Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701166

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 110 Woodland Dr

City State Zip Code
Forest City IA 50436-2418

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

Name of Employer
Mercy Medical Center-North Iowa

Occupation
Director, Clinics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18701167

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Carol A. Watson, Ph.D., RN

Mailing Address 390 NB
50 Newton Road

City Iowa City State IA Zip Code 52242-9296

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

Name of Employer University of Iowa Hospitals and Clinics Occupation Professor-Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 18701176
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 701 Tenth Street SE

City Cedar Rapids State IA Zip Code 52403-1251

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 18701177
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Toni Ebeling, RN

Mailing Address 1000 Fourth Street SW

City Mason City State IA Zip Code 50401-2800

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

Name of Employer Mercy Medical Center-North Iowa Occupation Vice President Patient Services and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 18701178
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 261

(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. Scott A Curtis

Mailing Address 1515 South Phillips Street

City State Zip Code
Algona IA 50511-3649

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

Name of Employer Occupation
Kossuth Regional Health Center Administrator and Chief Executive Offi

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701179

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Joseph LeValley

Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2611

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

Name of Employer Occupation
Mercy Medical Center-Des Moines Senior Vice President Planning

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701180

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Brian Dieter

Mailing Address 1111 Duff Avenue

City State Zip Code
Ames IA 50010-5745

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

Name of Employer Occupation
Mary Greeley Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701194

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 261
(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. Theresa Wahlig

Mailing Address 300 Walnut St
Unit 59

City State Zip Code
Des Moines IA 50309-2240

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

Name of Employer Occupation
Mercy Medical Center - West Lakes Trustee

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

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

Transaction ID: 18701195

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey M Cooper

Mailing Address 1118 11th Street

City State Zip Code
De Witt IA 52742-1353

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

Name of Employer Occupation
Genesis Medical Center, DeWitt President

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

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

Transaction ID: 18701196

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms Donna J Vandelaar, R.N.

Mailing Address 610 10th Street

City State Zip Code
Perry IA 50220-2221

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

Name of Employer Occupation
Dallas County Hospital Chief Clinical Director

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

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

Transaction ID: 18701197

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 261
(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. Carol E. Twedt

Mailing Address 4344 Pine Ridge Trail NE

City Iowa City State IA Zip Code 52240-7830

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

Name of Employer Mercy Iowa City Occupation Director, Clinical Information Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 18701198
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Marie E Knedler, RN

Mailing Address P O Box 1C

City Council Bluffs State IA Zip Code 51502-3001

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

Name of Employer Alegent Health Mercy Hospital Occupation Vice President and Chief Operating Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 18701221
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr Jim Lehman

Mailing Address 3090 Lundy Ln

City Bettendorf State IA Zip Code 52722-3975

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

Name of Employer Genesis Medical Center-Davenport Occupation Vice President, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: 18701222
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Robert McQuillen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 1078 Cedar Ridge Ct.		Transaction ID: 18701223		
	City Peosta	State IA	Zip Code 52068	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Medical Center-Dubuque	Occupation Trustee	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Jack Dusenbery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 3421 West Ninth Street		Transaction ID: 18701224		
	City Waterloo	State IA	Zip Code 50702-5499	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Medical Center	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth Croken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 1227 E Rusholme St		Transaction ID: 18701225		
	City Davenport	State IA	Zip Code 52803-2459	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Genesis Medical Center-Davenport	Occupation Vice President Corporate Communication	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 261

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr William Langley

Mailing Address 128 Fernwood Ave.

City State Zip Code
Davenport IA 52803-3605

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

Name of Employer Occupation
Genesis Health System Medical Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 18701228

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Wayne A. Smith

Mailing Address 1280 South Governors Avenue

City State Zip Code
Dover DE 19904-4802

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

Name of Employer Occupation
Delaware Healthcare Assoc- President & CEO
iation

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

Date of Receipt

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

Transaction ID: 18704178

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Penny Brooke

Mailing Address 2879 Jennie Lane

City State Zip Code
Salt Lake City UT 84117-5513

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

Name of Employer Occupation
Intermountain Healthcare, Trustee
Inc.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

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

Transaction ID: 18717193

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) ▶

755.00

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 66 / 261

(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. Paul J. DellaRocco

Mailing Address 30 Warren Street

City State Zip Code
Boston MA 02135-3602

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

Name of Employer Occupation
Franciscan Hospital for Children President & CEO

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

Date of Receipt

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

Transaction ID: 18717300

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Bernadine Marcuccilli Wallace

Mailing Address 1003 Overlook Road

City State Zip Code
Marion IN 46952-1330

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

Name of Employer Occupation
Marion General Hospital CNO/COO

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719470

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 4370 Washington Street

City State Zip Code
Columbus IN 47203-1139

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

Name of Employer Occupation
Columbus Regional Hospital President/CEO

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18719473

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 67 / 261
(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. David R Doerr

Mailing Address 1606 North Seventh Street

City State Zip Code
Terre Haute IN 47804-2706

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

Name of Employer Occupation
Union Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18719475

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J Brody

Mailing Address 8111 South Emerson Avenue

City State Zip Code
Indianapolis IN 46237-8601

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

Name of Employer Occupation
Franciscan St. Francis Health - Indian President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18719477

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. John A. Griep, M.D.

Mailing Address P.O. Box 1220

City State Zip Code
Valparaiso IN 46384-1220

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

Name of Employer Occupation
St. Catherine Hospital Director of Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18719496

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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 68 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2653 County Road 60

City Auburn State IN Zip Code 46706-9511

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

Name of Employer Fort Wayne Medical Education Program Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2010

Transaction ID: 18719513

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory W Lintjer

Mailing Address 53308 Monticola Lane

City Bristol State IN Zip Code 46507-9692

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

Name of Employer Elkhart General Healthcare System Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2010

Transaction ID: 18719527

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 13556 Ashbury Drive

City Carmel State IN Zip Code 46032-8225

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

Name of Employer St. Vincent Health Occupation System VP & Chief Planning Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2010

Transaction ID: 18719558

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 261
	<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. Trina Marlatt	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 3654 N. 850 E.	Transaction ID: 18719570
	City State Zip Code Attica IN 47918-8041	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Vincent Williamsport Hospital	Occupation Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Francis G Albarano	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address P O Box 407	Transaction ID: 18719619
	City State Zip Code Winchester IN 47394-0407	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Vincent Randolph Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Heather Drevna	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 3205 Ravensworth PL	Transaction ID: 18722633
	City State Zip Code Alexandria VA 22302-2107	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Member Communica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 70 / 261

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. E Dean Beck

Mailing Address 725 South Shoop Avenue

City	State	Zip Code
Wauseon	OH	43567-1701

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

Name of Employer Fulton County Health Center	Occupation Administrator
---	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

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

Transaction ID: 18722958

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Mr. William H Considine

Mailing Address One Perkins Square

City	State	Zip Code
Akron	OH	44308-1062

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

Name of Employer Akron Children's Hospital	Occupation President
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

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

Transaction ID: 18722959

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2142 North Cove Boulevard

City	State	Zip Code
Toledo	OH	43606-3896

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

Name of Employer ProMedica Health System	Occupation Regional President
---	----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

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

Transaction ID: 18722960

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 261
(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. Danny L Boggs

Mailing Address 1025 Center Street

City Ashland State OH Zip Code 44805-4011

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

Name of Employer Samaritan Regional Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18722961
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1320 Mercy Drive NW

City Canton State OH Zip Code 44708-2614

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

Name of Employer Mercy Medical Center Occupation President and Chief Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18722970
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bradley Bond

Mailing Address 234 Goodman Street

City Cincinnati State OH Zip Code 45219-2364

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

Name of Employer University Hospital Occupation Vice President of Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18722984
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 261
(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. Michael Vehovec

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-2602

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

Name of Employer University Hospitals Case Medical Cent Occupation Vice President and Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18722985
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 19056 Quail Hollow Drive

City Strongsville State OH Zip Code 44136-6441

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

Name of Employer University Hospital Occupation Vice President and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18722993
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sonia Salvino

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Case Medical Cent Occupation Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18722994
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 73 / 261

(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. Brent Carson

Mailing Address 1783 Farris Garden Path

City State Zip Code
Westlake OH 44145-2067

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

Name of Employer Occupation
University Hospitals Case Medical Cent Vice President

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

Date of Receipt

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

Transaction ID: 18722995

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 3605 Warrensville Center Rd # MSC9

City State Zip Code
Beachwood OH 44122-5203

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

Name of Employer Occupation
St. Vincent Charity Medical Center Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 18723006

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Fred C Rothstein, MD

Mailing Address 11100 Euclid Avenue

City State Zip Code
Cleveland OH 44106-1716

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

Name of Employer Occupation
University Hospitals Case Medical Cent President

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

Date of Receipt

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

Transaction ID: 18723012

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 261
	<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. Richard Hanson	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 12340 Bass Lake Road	Transaction ID: 18723013
	City State Zip Code Chardon OH 44024-8327	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: University Hospitals Extended Care Cam Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Mary Alice Annecharico	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 234 Goodman Street	Transaction ID: 18723014
	City State Zip Code Cincinnati OH 45219-2364	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: University Hospital Occupation: Sr. Vice President and Chief Informati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Paul Tait	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 6560 Thorntree Drive	Transaction ID: 18723015
	City State Zip Code Brecksville OH 44141-1769	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: University Hospitals Occupation: Sr VP, Strategic Planning & Bus Develop Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 75 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18723016
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 118 Partridge Lane

City Chagrin Falls State OH Zip Code 44022-4042

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

Name of Employer University Hospitals Richmond Medical Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18723018
Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 2743 Elginfield Road

City Upper Arlington State OH Zip Code 43220-4247

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 18723020
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 76 / 261
(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. Mary C. Becker

Mailing Address 7800 South Eagle Road

City State Zip Code
Columbia MO 65203-9017

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.91

Date of Receipt MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18723028

Amount of Each Receipt this Period 48.13

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

Mailing Address 1811 Forest Park Court

City State Zip Code
Jefferson City MO 65109-9782

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18723036

Amount of Each Receipt this Period 62.50

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City State Zip Code
Jefferson City MO 65101-8284

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.91

Date of Receipt MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18723041

Amount of Each Receipt this Period 48.13

SUBTOTAL of Receipts This Page (optional) 158.76

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 77 / 261
	<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. Jerry M. Sill	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 2906 Valley View Terrace	Transaction ID: 18723044
	City State Zip Code Jefferson City MO 65109-1069	Amount of Each Receipt this Period 48.13
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Hospital Association Occupation Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.91	

B.	Full Name (Last, First, Middle Initial) Mr. Michael J Gillen	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 100 Hospital Drive	Transaction ID: 18723048
	City State Zip Code Lebanon MO 65536-9210	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. John's Hospital - Lebanon Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas C. Jividen	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 2713 Greenhill Avenue	Transaction ID: 18723059
	City State Zip Code Lynchburg VA 24503-2923	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Centra Lynchburg General Hospital Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	748.13
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 78 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Emory W. Tibbs, Jr.

Mailing Address 1740 Hidden Oaks Lane

City Bedford State VA Zip Code 24523-6864

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

Name of Employer Centra Health, Inc. Occupation Senior Vice President Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 04 / 2010

Transaction ID: 18723060

Amount of Each Receipt this Period 350.00

B.

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

Mailing Address 1920 Atherholt Road

City Lynchburg State VA Zip Code 24501-1104

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

Name of Employer Centra Lynchburg General Hospital Occupation Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2010

Transaction ID: 18723068

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Brian Gradle

Mailing Address 400 Great Falls St

City Falls Church State VA Zip Code 22046-2608

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

Name of Employer Bon Secours-Richmond Community Hospital Occupation Vice President Corporate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2010

Transaction ID: 18723069

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 79 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Donna Littlepage

Mailing Address PO Box 25

City State Zip Code
Roanoke VA 24002-0025

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

Name of Employer Occupation
Carilion Clinic Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 18723070

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Stephanie L Bloom

Mailing Address 99 Route 37 West

City State Zip Code
Toms River NJ 08755-6423

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

Name of Employer Occupation
Community Medical Center Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: 18723073

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
Manasquan NJ 08736-4001

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

Name of Employer Occupation
New Jersey Hospital Association Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: 18723076

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **610.00**

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 80 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

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

Name of Employer: New Jersey Hospital Association
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

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

Transaction ID: 18723080

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

Name of Employer: New Jersey Hospital Association
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

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

Transaction ID: 18723082

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

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

Transaction ID: 18723087

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional) ► **230.00**

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 81 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 618.35

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723092
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City State Zip Code
Pennington NJ 08534-2302

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

Name of Employer: New Jersey Hospital Association
Occupation: General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723094
 Amount of Each Receipt this Period: 10.00

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

Mailing Address 1549 North Valley Road

City State Zip Code
Malvern PA 19355-9796

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723096
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 82 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 23 Nelson Drive

City State Zip Code
Barnegat NJ 08005-2174

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

Name of Employer: New Jersey Hospital Association
Occupation: Vice President, Health Information Mgm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723097
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mr. Steve E. Krebs

Mailing Address 73 Tindall Rd

City State Zip Code
Robbinsville NJ 08691-2508

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

Name of Employer: New Jersey Hospital Association
Occupation: Director, Conference Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723098
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

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

Name of Employer: New Jersey Hospital Association
Occupation: Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723099
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 83 / 261
(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. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City State Zip Code
East Windsor NJ 08520-6209

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723102
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City State Zip Code
Freehold NJ 7728

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

Name of Employer: New Jersey Hospital Association
Occupation: Senior VP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723104
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City State Zip Code
Lumberton NJ 08048-5297

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

Name of Employer: New Jersey Hospital Association
Occupation: Director, Marketing & Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 110.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 18723106
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 84 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City State Zip Code
Lumberton NJ 08048-5297

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

Name of Employer Occupation
New Jersey Hospital Association Director, Marketing & Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 18723107

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 448 Harding Drive

City State Zip Code
South Orange NJ 07079-1319

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

Name of Employer Occupation
Saint Barnabas Health Care System SVP & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18723110

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City State Zip Code
Newtown PA 18940-9284

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

Name of Employer Occupation
New Jersey Hospital Association VP Development & Trustee Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 18723113

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **610.00**

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 85 / 261

(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. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
Howell NJ 07731-1451

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

Name of Employer Occupation
New Jersey Hospital Association VP Health Economics

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: 18723114

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)

Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City State Zip Code
Hopewell NJ 08525-2014

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

Name of Employer Occupation
New Jersey Hospital Association Assistant to President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: 18723116

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terry W Andrus

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36801-5452

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

Name of Employer Occupation
East Alabama Medical Center President

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: 18723120

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1020.00

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 86 / 261
	<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. Laura D. Grill, BSN, RN		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 2000 Pepperell Parkway		Transaction ID: 18723121
	City Opelika	State AL	Zip Code 36801-5422
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer East Alabama Medical Center	Occupation Exec. Vice President, Patient Services	Aggregate Year-to-Date 1000.00

B.	Full Name (Last, First, Middle Initial) Mr. Dennis Thrasher		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 2190 Springwood Drive		Transaction ID: 18723122
	City Auburn	State AL	Zip Code 36830-7200
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer East Alabama Medical Center	Occupation Asst. Vice President/Controller	Aggregate Year-to-Date 1000.00

C.	Full Name (Last, First, Middle Initial) Ms. Laura W. Bell		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 8897 Tara Lane		Transaction ID: 18723123
	City Auburn	State AL	Zip Code 36830-8247
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer East Alabama Medical Center	Occupation Asst. Vice President/ Quality Management	Aggregate Year-to-Date 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: (check only one)	PAGE 87 / 261
	<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. Tommy Chittom		Date of Receipt
	Mailing Address 2000 Pepperell Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Opelika	AL	36801-5452
	FEC ID number of contributing federal political committee.		Transaction ID: 18723124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer East Alabama Medical Center		Occupation Vice President Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Dr. Michael Lisenby, MD		Date of Receipt
	Mailing Address 2000 Pepperell Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Opelika	AL	36801-5452
	FEC ID number of contributing federal political committee. C		Transaction ID: 18723125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer East Alabama Medical Center		Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Mr. Ken Lott		Date of Receipt
	Mailing Address 1567 Oak Hill Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Auburn	AL	36832-6798
	FEC ID number of contributing federal political committee. C		Transaction ID: 18723126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer East Alabama Medical Center		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 261
(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. Stanley K Hammack

Mailing Address 2451 Fillingim Street

City State Zip Code
Mobile AL 36617-2238

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

Name of Employer Occupation
University of South Alabama Hospitals Vice President

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

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

Transaction ID: 18723127

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. John D Anderson, FACHE

Mailing Address P O Box 758

City State Zip Code
Boaz AL 35957-0758

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

Name of Employer Occupation
Marshall Medical Center South Administrator

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

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

Transaction ID: 18723128

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Cheryl M Hays, FACHE

Mailing Address 227 Britany Road

City State Zip Code
Guntersville AL 35976-5766

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

Name of Employer Occupation
Marshall Health System Chief Operating Officer

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

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

Transaction ID: 18723129

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 261
(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. A Elizabeth Anderson

Mailing Address 2451 Fillingim Street

City State Zip Code
Mobile AL 36617-2238

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

Name of Employer Occupation
University of South Alabama Medical Ce Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 18723130

Amount of Each Receipt this Period
415.00

B. Full Name (Last, First, Middle Initial)
Mr. Bob Page

Mailing Address 3901 Rainbow Boulevard

City State Zip Code
Kansas City KS 66160-0001

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

Name of Employer Occupation
The University of Kansas Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 18723180

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City State Zip Code
Overland Park KS 66209-3722

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

Name of Employer Occupation
Menorah 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
11 / 05 / 2010

Transaction ID: 18723209

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1415.00**

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 90 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 41 Highland Avenue

City Winchester State MA Zip Code 01890-1446

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

Name of Employer Winchester Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 18723430
Amount of Each Receipt this Period 150.00

B.

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

Mailing Address 38 Longfellow Way

City Boylston State MA Zip Code 01505-1444

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

Name of Employer Jordan Hospital Occupation SVP System Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 18723431
Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Ms. Andrea Holleran

Mailing Address 275 Sandwich Street

City Plymouth State MA Zip Code 02360-2183

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

Name of Employer Jordan Hospital Occupation VP, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 18723432
Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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 91 / 261
(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 Iannoni

Mailing Address 275 Sandwich Street

City Plymouth State MA Zip Code 02360-2183

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

Name of Employer Jordan Hospital Occupation Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 18723433
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Mr. Randy Doherty

Mailing Address 250 Pond Street

City Braintree State MA Zip Code 02184-5351

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

Name of Employer Braintree Rehabilitation Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 18723435
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Joel Rudin

Mailing Address 3 Webster Street

City Winchester State MA Zip Code 01890-2117

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

Name of Employer New England Rehabilitation Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 18723436
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 825.00

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 92 / 261
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City State Zip Code
Hopkinton NH 03229-3402

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

Name of Employer
New Hampshire Hospital Association
Occupation
V.P., Finance and Rural Hospitals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 18723437

Amount of Each Receipt this Period
30.00

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

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

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

Name of Employer
New Hampshire Hospital Association
Occupation
President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.35

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 18723438

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
Ms. Jena Hausmann

Mailing Address 13123 East 16th Avenue

City State Zip Code
Aurora CO 80045-7106

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

Name of Employer
Children's Hospital, The
Occupation
Executive Vice President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 18723444

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **363.33**

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 93 / 261

(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. Peter Adler

Mailing Address 14432 SE Eastgate Way, Suite 300

City State Zip Code
Bellevue WA 98007-6493

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

Name of Employer Occupation
PeaceHealth Senior Vice President Strategy, Innova

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

Date of Receipt

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

Transaction ID: 18724818

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew Agwunobi, M.D.

Mailing Address P O Box 2555

City State Zip Code
Spokane WA 99220-2555

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

Name of Employer Occupation
Providence Sacred Heart Medical Center Senior Vice President, CFO, CIO

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

Date of Receipt

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

Transaction ID: 18724819

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms Suzanne Anderson

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Senior VP, CFO, CIO

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

Date of Receipt

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

Transaction ID: 18724820

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 261
(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. Michael Carter

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

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

Name of Employer Swedish Health Services Occupation Sr. Vice President & CAO, Edmonds

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18724821

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Cochrell

Mailing Address 23986 Vinland Terr NW

City State Zip Code
Poulsbo WA 98370-9416

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

Name of Employer Harrison Medical Center Occupation Executive VP/ Chief Operation Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18724822

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeff Collins

Mailing Address 101 West Eighth Avenue

City State Zip Code
Spokane WA 99204-2307

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

Name of Employer Providence Sacred Heart Medical Center Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18724823

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 261

(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. Sandra Dahl

Mailing Address 5502 Webster Avenue

City State Zip Code
Yakima WA 98908-3698

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Yakima Valley Memorial Hospital Vice President, Nursing & Patient Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18724824

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stuart Hennessey

Mailing Address 14432 SE Eastgate Way, Suite 300

City State Zip Code
Bellevue WA 98007-6493

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PeaceHealth Senior Vice President Legal Services a

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18724825

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 315 Martin Luther King Jr. Way

City State Zip Code
Tacoma WA 98405-4234

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MultiCare Health System former - VP Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18724829

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 6860 NW Ranger Way

City State Zip Code
Silverdale WA 98383-6306

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

Name of Employer Occupation
Harrison Medical Center Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724830

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address P O Box 2555

City State Zip Code
Spokane WA 99220-2555

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

Name of Employer Occupation
Providence Sacred Heart Medical Center Chief Integration Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724831

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2908 Shelton Avenue

City State Zip Code
Yakima WA 98902-4073

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

Name of Employer Occupation
Yakima Valley Memorial Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724832

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 261

(check only one)

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<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. Cliff Robertson

Mailing Address 2505 Cliffside Ln. NW #P102

City State Zip Code
Gig Harbor WA 98335-1695

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

Name of Employer Occupation
Franciscan Health System President and CMO - Medical Group

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

Date of Receipt

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

Transaction ID: 18724833

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Leon Smith

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center Board Member

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

Date of Receipt

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

Transaction ID: 18724838

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 714 West Pine Street

City State Zip Code
Newport WA 99156-9046

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

Name of Employer Occupation
Newport Hospital and Health Services Chief Executive Officer and Superintendent

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

Date of Receipt

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

Transaction ID: 18724839

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional) ▶

925.00

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 98 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 3855 44th Avenue NE

City State Zip Code
Seattle WA 98105-5448

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

Name of Employer
Group Health Eastside Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724840

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Elaine Couture, BSN, MBA,

Mailing Address P O Box 2555

City State Zip Code
Spokane WA 99220-2555

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

Name of Employer
Providence Sacred Heart Medical Center

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724841

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 747 Broadway

City State Zip Code
Seattle WA 98122-4379

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

Name of Employer
Swedish Health Services

Occupation
Vice President Government and Community

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724842

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 99 / 261

(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. Harold S Geller

Mailing Address 315 North 14th Avenue

City State Zip Code
Othello WA 99344-1254

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

Name of Employer Occupation
Othello Community Hospital Administrator

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

Date of Receipt

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

Transaction ID: 18724844

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 2934 Westside Drive NW

City State Zip Code
Olympia WA 98502-3277

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

Name of Employer Occupation
Providence Health System Chief Financial Officer

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

Date of Receipt

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

Transaction ID: 18724845

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 201 16th Avenue East

City State Zip Code
Seattle WA 98112-5226

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

Name of Employer Occupation
Group Health Cooperative/- Central Hosp 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
1	1	/	0	9	/	2	0	1	0

Transaction ID: 18724846

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) ▶

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 261
(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. Marcel C Loh, FACHE

Mailing Address 500 17th Avenue

City State Zip Code
Seattle WA 98124-5711

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

Name of Employer Swedish Medical Center-Cherry Hill Cam
Occupation Senior Vice President and Chief Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724847

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Gregory D Sawyer, MD, PhD

Mailing Address 2811 Tieton Drive

City State Zip Code
Yakima WA 98902-3761

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

Name of Employer Yakima Valley Memorial Hospital
Occupation Vice President Physician Practices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724848

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jon D Smiley

Mailing Address P O Box 719

City State Zip Code
Sunnyside WA 98944-0719

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

Name of Employer Sunnyside Community Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724850

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: (check only one)	PAGE 101 / 261
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John Wallen		Date of Receipt
	Mailing Address 2520 Cherry Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Bremerton	WA	98310-4229
	FEC ID number of contributing federal political committee. C		Transaction ID: 18724851
Name of Employer Harrison Medical Center		Occupation Trustee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Alan R Yordy		Date of Receipt
	Mailing Address 14432 SE Eastgate Way, Ste 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Bellevue	WA	98007-6493
	FEC ID number of contributing federal political committee. C		Transaction ID: 18724852
Name of Employer PeaceHealth		Occupation President and Chief Mission Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Thomas Corley		Date of Receipt
	Mailing Address North 5633 Lidgerwood Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Spokane	WA	99208-1224
	FEC ID number of contributing federal political committee. C		Transaction ID: 18724853
Name of Employer Providence Sacred Heart Medical Center		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 261
(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. James M. Blazar

Mailing Address 69 Orchard Rd

City State Zip Code
West Hartford CT 06117-2911

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

Name of Employer Occupation
Hartford Hospital SVP & Chief Strategy Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724857

Amount of Each Receipt this Period
500.00

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

Mailing Address 3 Sunningdale

City State Zip Code
Farmington CT 06032-1460

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

Name of Employer Occupation
Hartford Hospital President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18724858

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Anthony A Armada

Mailing Address 1775 Dempster Street

City State Zip Code
Park Ridge IL 60068-1143

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

Name of Employer Occupation
Advocate Lutheran General Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18725489

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 261
(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. Darcie J. Brazel

Mailing Address 11654 Logan Court

City State Zip Code
Orland Park IL 60467-6824

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

Name of Employer Advocate Christ Medical Center
Occupation Chief Nurse Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18725490

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Eckels

Mailing Address 33 Oak Lane

City State Zip Code
Springfield IL 62712-8611

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

Name of Employer Hospital Sisters Health System
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18725494

Amount of Each Receipt this Period
500.00

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

Mailing Address 6658 Winston Lane

City State Zip Code
Solon OH 44139-4694

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

Name of Employer Advocate Health Care
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18725498

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 104 / 261
(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. Kevin P Poorten

Mailing Address P O Box 707

City State Zip Code
Dekalb IL 60115-0707

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

Name of Employer Occupation
Kish Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18725518

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address P O Box 429

City State Zip Code
Gibson City IL 60936-0429

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

Name of Employer Occupation
Gibson Area Hospital and Health Serv Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18725520

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Steven Strongwater, MD

Mailing Address State University of New York

City State Zip Code
Stony Brook NY 11794-0001

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

Name of Employer Occupation
Stony Brook University Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2010

Transaction ID: 18725538

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 261
(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. Thomas G Bartlett, III MD

Mailing Address 25117 Highway 15

City State Zip Code
Union MS 39365-9088

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

Name of Employer Occupation
Laird Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: 18726388
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City State Zip Code
Madison MS 39110-9148

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

Name of Employer Occupation
HPI Company President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: 18726393
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code
Jackson MS 39211-2945

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1112.50

Date of Receipt: 11 / 09 / 2010
Transaction ID: 18726399
Amount of Each Receipt this Period: 152.50

SUBTOTAL of Receipts This Page (optional) ► 202.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 261
	<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. Charles L Denton		Date of Receipt
	Mailing Address 960 Avent Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grenada	MS	38901-5230
	FEC ID number of contributing federal political committee.		Transaction ID: 18726406
Name of Employer Grenada Lake Medical Center		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 187.50
		<input type="text"/> 877.50	

B.	Full Name (Last, First, Middle Initial) Mr. Michael R Edwards		Date of Receipt
	Mailing Address P O Box 259		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Morton	MS	39117-0259
	FEC ID number of contributing federal political committee.		Transaction ID: 18726409
Name of Employer Scott Regional Hospital		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 285.00	

C.	Full Name (Last, First, Middle Initial) Mr. Richard G Hilton		Date of Receipt
	Mailing Address P O Box 1506		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Starkville	MS	39760-1506
	FEC ID number of contributing federal political committee.		Transaction ID: 18726424
Name of Employer OCH Regional Medical Center		Occupation Associate Administrator and Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 320.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 307.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 261
(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. Randy King

Mailing Address 7601 Southcrest Parkway

City State Zip Code
Southaven MS 38671-4739

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

Name of Employer Baptist Memorial Hospital-Desoto
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18726429

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Steve Lesley

Mailing Address 116 Woodgreen Crossing

City State Zip Code
Madison MS 39130-1909

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

Name of Employer Mississippi Hospital Association
Occupation Director of Data Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.06

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18726434

Amount of Each Receipt this Period
38.34

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

Mailing Address 969 Lakeland Drive

City State Zip Code
Jackson MS 39216-4606

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

Name of Employer St. Dominic-Jackson Memorial Hospital
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18726441

Amount of Each Receipt this Period
212.50

SUBTOTAL of Receipts This Page (optional) ► **350.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1314 19th Avenue

City State Zip Code
Meridian MS 39301-4116

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

Name of Employer Occupation
Rush Foundation Hospital Vice President and Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.50

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18726442

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Mr. Rick Napper

Mailing Address 100 Covewood Lane

City State Zip Code
Corinth MS 38834-7200

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

Name of Employer Occupation
Magnolia Regional Health Center CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 18726444

Amount of Each Receipt this Period
500.00

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

Mailing Address 310 Woodstown Road

City State Zip Code
Salem NJ 08079-2064

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

Name of Employer Occupation
Memorial Hospital of Salem County Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726471

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**

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 109 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 29 Highand Avenue

City State Zip Code
Fair Haven NJ 07704-3620

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

Name of Employer Occupation
Saint Barnabas Health Care System Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726474

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr John A Brennan, MD

Mailing Address 201 Lyons Avenue

City State Zip Code
Newark NJ 07112-2027

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

Name of Employer Occupation
Newark Beth Israel Medical Center Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726476

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
Manasquan NJ 08736-4001

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

Name of Employer Occupation
New Jersey Hospital Association Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726477

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **1010.00**

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 110 / 261
(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. Jessica Cohen

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

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

Name of Employer: New Jersey Hospital Association
Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726479
 Amount of Each Receipt this Period: 5.00

B.

Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

Name of Employer: New Jersey Hospital Association
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726480
 Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
Mr. Joseph P Coyle

Mailing Address 1140 Route 72 West

City State Zip Code
Manahawkin NJ 08050-2412

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

Name of Employer: Southern Ocean Medical Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726481
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **515.00**

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 111 / 261
(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. Mary A. Ditri

Mailing Address 9 Jumping Brook Drive

City State Zip Code
Neptune NJ 07753-3326

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

Name of Employer Occupation
New Jersey Hospital Association Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 18726483

Amount of Each Receipt this Period
10.00

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

Mailing Address 27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: 18726485

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Mr. Leslie D Hirsch, FACHE

Mailing Address 25 Pocono Road

City State Zip Code
Denville NJ 07834-2954

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

Name of Employer Occupation
Saint Clare's Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 18726489

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **520.00**

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 112 / 261
(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. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 623.35

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726491
 Amount of Each Receipt this Period: 5.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary S Horan, FACHE

Mailing Address 1206 Hemlock Avenue

City State Zip Code
Sea Girt NJ 08750-1720

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

Name of Employer: Trinitas Regional Medical Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726492
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City State Zip Code
Pennington NJ 08534-2302

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

Name of Employer: New Jersey Hospital Association
Occupation: General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726493
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► **515.00**

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 113 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Chester B Kaletkowski

Mailing Address 2950 College Drive, Suite 1E

City Vineland State NJ Zip Code 08360-6933

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

Name of Employer South Jersey Healthcare Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2010

Transaction ID: 18726494

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard J Kathrins, MHA

Mailing Address P O Box 723

City Pomona State NJ Zip Code 08240-0723

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

Name of Employer Bacharach Institute for Rehabilitation Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2010

Transaction ID: 18726495

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 1549 North Valley Road

City Malvern State PA Zip Code 19355-9796

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

Name of Employer New Jersey Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 12 / 2010

Transaction ID: 18726496

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 1010.00

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 114 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Timothy J. Keough		Date of Receipt
	Mailing Address 23 Nelson Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Barnegat	NJ	08005-2174
	FEC ID number of contributing federal political committee.		Transaction ID: 18726498
		Amount of Each Receipt this Period	<input type="text"/> 10.00
Name of Employer New Jersey Hospital Association		Occupation Vice President, Health Information Mgm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 220.00

B.	Full Name (Last, First, Middle Initial) Mr. Steve E. Krebs		Date of Receipt
	Mailing Address 73 Tindall Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Robbinsville	NJ	08691-2508
	FEC ID number of contributing federal political committee.		Transaction ID: 18726499
		Amount of Each Receipt this Period	<input type="text"/> 10.00
Name of Employer New Jersey Hospital Association		Occupation Director, Conference Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 220.00

C.	Full Name (Last, First, Middle Initial) Mr. David P. Lavins		Date of Receipt
	Mailing Address 10 Fox Chase Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Malvern	PA	19355-3441
	FEC ID number of contributing federal political committee.		Transaction ID: 18726500
		Amount of Each Receipt this Period	<input type="text"/> 10.00
Name of Employer New Jersey Hospital Association		Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 220.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 115 / 261
(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. Alan Lieber

Mailing Address 4 Sun Watch Court

City Ramsey State NJ Zip Code 07446-2123

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

Name of Employer Atlantic Health Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2010
Transaction ID: 18726502
Amount of Each Receipt this Period 500.00

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

Mailing Address 1350 Campus Parkway

City Wall Township State NJ Zip Code 07753-6821

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

Name of Employer Meridian Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2010
Transaction ID: 18726503
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Amy B Mansue

Mailing Address 200 Somerset Street

City New Brunswick State NJ Zip Code 08901-1942

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

Name of Employer Children's Specialized Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 781.50

Date of Receipt 11 / 12 / 2010
Transaction ID: 18726504
Amount of Each Receipt this Period 781.50

SUBTOTAL of Receipts This Page (optional) ► 1781.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 261
(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. Michael Maron

Mailing Address 718 Teaneck Road

City State Zip Code
Teaneck NJ 07666-4245

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 18726505

Amount of Each Receipt this Period
500.00

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

Mailing Address 703 Main Street

City State Zip Code
Paterson NJ 07503-2621

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

Name of Employer St. Joseph's Healthcare System 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
1	1	/	1	2	/	2	0	1	0

Transaction ID: 18726507

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City State Zip Code
East Windsor NJ 08520-6209

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

Name of Employer New Jersey Hospital Association Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: 18726508

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **1010.00**

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 117 / 261
(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. Randall J. Minniear

Mailing Address 3901 Worthington Court

City Freehold State NJ Zip Code 7728

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

Name of Employer: New Jersey Hospital Association
Occupation: Senior VP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726511
Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City Lumberton State NJ Zip Code 08048-5297

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

Name of Employer: New Jersey Hospital Association
Occupation: Director, Marketing & Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726513
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
Ms. Patricia Ostaszewski, MS

Mailing Address 54 Bay Way

City Brick State NJ Zip Code 08723-7361

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

Name of Employer: Healthsouth Rehabilitation Hospital of
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726516
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **520.00**

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 118 / 261
(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. Sally Roslow

Mailing Address 21 Sparrow Walk

City State Zip Code
Newtown PA 18940-9284

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

Name of Employer: New Jersey Hospital Association
Occupation: VP Development & Trustee Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726520
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
Howell NJ 07731-1451

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

Name of Employer: New Jersey Hospital Association
Occupation: VP Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726522
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Mr. C Richard Sarle, CPA, FACHE

Mailing Address P O Box 147

City State Zip Code
Belle Mead NJ 08502-0147

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

Name of Employer: Carrier Clinic
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: 18726523
 Amount of Each Receipt this Period: 175.00

SUBTOTAL of Receipts This Page (optional) ► 195.00

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 119 / 261
(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. Michael J. Sniffen
 Mailing Address 47 Murray Hill Square
 City State Zip Code
 New Providence NJ 07974-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary's Hospital Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 11 / 12 / 2010
Transaction ID: 18726524
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Sorg
 Mailing Address 33 Second Street
 City State Zip Code
 Hopewell NJ 08525-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Assistant to President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 Date of Receipt 11 / 12 / 2010
Transaction ID: 18726525
 Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph A Trunfio, PhD
 Mailing Address 10 Eagle Rock Drive
 City State Zip Code
 Boonton Township NJ 07005-9520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 11 / 12 / 2010
Transaction ID: 18726527
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1010.00
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 120 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Deborah K Zastocki

Mailing Address 42 Long Ride Road

City Randolph State NJ Zip Code 07869-4571

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2010
Transaction ID: 18726531
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. J. Frazer Rolan, Jr.

Mailing Address 1317 Branchwater Lane

City Vestavia State AL Zip Code 35216-2405

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

Name of Employer Alabama Hospital Association Occupation Sr. VP & Director, Federal Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 18726533
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gregg B. Everett

Mailing Address 109 Ocala Drive

City Montgomery State AL Zip Code 36117-6964

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

Name of Employer Alabama Hospital Association Occupation Sr. Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 18726534
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 261
	<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. Rosemary Blackmon		Date of Receipt
	Mailing Address 547 Le Grand Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Montgomery	AL	36106-1825
	FEC ID number of contributing federal political committee. C		Transaction ID: 18726535
Name of Employer Alabama Hospital Association		Occupation Exec. Vice President of Public Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Ms. Carey M. Owen		Date of Receipt
	Mailing Address 2520 Springwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Auburn	AL	36830-7236
	FEC ID number of contributing federal political committee. C		Transaction ID: 18726536
Name of Employer East Alabama Medical Center		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Ms. Roben H Nutter, MBA, CPHQ		Date of Receipt
	Mailing Address 2000 Pepperell Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Opelika	AL	36801-5452
	FEC ID number of contributing federal political committee. C		Transaction ID: 18726537
Name of Employer East Alabama Medical Center		Occupation Assistant Vice President and General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 261
(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. Sam Price

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36802-3201

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

Name of Employer: East Alabama Medical Center
Occupation: Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 18726538

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sarah T. Gray

Mailing Address 3010 Pheasant Dr

City State Zip Code
Opelika AL 36801-3363

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

Name of Employer: East Alabama Medical Center
Occupation: Assistant Vice President/Information T

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 18726539

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jane Robertson

Mailing Address 2161 Wedgewood Court

City State Zip Code
Auburn AL 36830-2582

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

Name of Employer: East Alabama Medical Center
Occupation: Assistant Vice President, Patient Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 18726540

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 123 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 13045 Sawyer Drive

City State Zip Code
Opelika AL 36801

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

Name of Employer: East Alabama Medical Center
Occupation: Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 18726541
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gregory A. Nichols, CHFM

Mailing Address 22136 Veterans Memorial Pkwy

City State Zip Code
Lafayette AL 36862-3022

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

Name of Employer: East Alabama Medical Center
Occupation: Assistant Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 18726542
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Carol Murphey

Mailing Address 2710 Rocky Brook Rd.

City State Zip Code
Opelika AL 36801-2132

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

Name of Employer: East Alabama Medical Center
Occupation: Asst. VP/ Outside Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 18726543
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: (check only one)	PAGE 124 / 261
	<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. Danne J. Howard		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1225 Chadwick Lane		Transaction ID: 18726544		
	City Montgomery	State AL	Zip Code 36117-8962	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alabama Hospital Association	Occupation Senior Vice President Government Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Ms. Jane Knight		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1612 Salisbury Place		Transaction ID: 18726545		
	City Montgomery	State AL	Zip Code 36117-2562	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alabama Hospital Association	Occupation Vice President, Member Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Ms. Talana Bell		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address P O Box 6907		Transaction ID: 18726546		
	City Dothan	State AL	Zip Code 36302-6907	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Flowers Hospital	Occupation Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 125 / 261
(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. J. David McCormack

Mailing Address P O Box 2208

City State Zip Code
Anniston AL 36202-2208

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

Name of Employer
Northeast Alabama Regional Medical Cen

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
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18726547

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. James G Chastain, FACHE

Mailing Address P O Box 157-A

City State Zip Code
Whitfield MS 39193-0157

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

Name of Employer
Mississippi State Hospital

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.50

Date of Receipt

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

Transaction ID: 18726555

Amount of Each Receipt this Period
87.50

C. Full Name (Last, First, Middle Initial)
Mr. Stephen K Jones

Mailing Address 1 Robert Wood Johnson Place

City State Zip Code
New Brunswick NJ 08901-1928

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

Name of Employer
Robert Wood Johnson Health System & Ne

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: 18726600

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1837.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 261
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth A. Bosley

Mailing Address 781 Norway Avenue

City State Zip Code
Huntington WV 25705-3830

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

Name of Employer Occupation
St. Mary's Medical Center VP Patient Care Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726776

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Glenn Crotty, Jr MD

Mailing Address P O Box 1547

City State Zip Code
Charleston WV 25326-1547

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

Name of Employer Occupation
Charleston Area Medical Center Health Executive VP & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726777

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Vickie Gay

Mailing Address P O Box 270

City State Zip Code
Montgomery WV 25136-0270

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

Name of Employer Occupation
Montgomery General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726778

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 127 / 261
(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. Larry C Hudson
Mailing Address P O Box 1547
City Charleston State WV Zip Code 25326-1547
FEC ID number of contributing federal political committee. **C**
Name of Employer Charleston Area Medical Center Health Occupation Executive Vice President and Chief Fin
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 12 / 2010
Transaction ID: 18726781
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Evelyn Letnaunchyn
Mailing Address 225 Ariel Heights
City Charleston State WV Zip Code 25311-1143
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 12 / 2010
Transaction ID: 18726782
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. John A. May
Mailing Address 7 Sun Bonnet Lane
City Morgantown State WV Zip Code 26508-2536
FEC ID number of contributing federal political committee. **C**
Name of Employer Wetzel County Hospital Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 12 / 2010
Transaction ID: 18726784
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 128 / 261
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John E Walker, FACHE	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 20 Hospital Drive	Transaction ID: 18726792
	City Logan State WV Zip Code 25601-3452	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Logan Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert D Whittier	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address P O Box 1547	Transaction ID: 18726794
	City Charleston State WV Zip Code 25326-1547	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Charleston Area Medical Center Health Occupation Vice President Government and Community Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Nancy D. Adams, RN	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address Parkside Estate 327 Fisher Drive	Transaction ID: 18726806
	City Cumberland State MD Zip Code 21502-6372	Amount of Each Receipt this Period 17.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Hospital and Medical Center Occupation Senior VP/Chief Nurse Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 204.00	

SUBTOTAL of Receipts This Page (optional)	667.00
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 129 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1026 Cherrywood Avenue

City State Zip Code
Cumberland MD 21502-1939

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

Name of Employer Occupation
Memorial Hospital and Medical Center o Senior Vice President and Chief Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

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

Transaction ID: 18726808

Amount of Each Receipt this Period
34.00

B.

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

Mailing Address 1148 Hamilton Blvd.

City State Zip Code
Hagerstown MD 21742-3339

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

Name of Employer Occupation
Maryland Hospital Associa- President, MHEI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

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

Transaction ID: 18726814

Amount of Each Receipt this Period
255.00

C.

Full Name (Last, First, Middle Initial)
Mr. Larry D. Davis

Mailing Address 2489 Heritage Park Road

City State Zip Code
Piggott AR 72454-1321

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

Name of Employer Occupation
Pemisnot Memorial Health Chief Financial 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
1 1 / 1 2 / 2 0 1 0

Transaction ID: 18726839

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **539.00**

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 130 / 261

(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. Kerry L Noble

Mailing Address P O Box 489

City State Zip Code
Hayti MO 63851-0489

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pemiscot Memorial Health System Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726844

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1850 Redwood Terrace, NW

City State Zip Code
Washington DC 20012-1023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
District of Columbia Hospital Associat President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
11 / 12 / 2010

Transaction ID: 18726850

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. John T Fox

Mailing Address 1440 Clifton Road NE, Suite 309

City State Zip Code
Atlanta GA 30322-1053

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Emory Healthcare Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 18727323

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1100.00

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 131 / 261
(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. Lynda D Curtis

Mailing Address 462 First Avenue

City State Zip Code
New York NY 10016-9196

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

Name of Employer: Bellevue Hospital Center
Occupation: Senior Vice President and Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 18727347
Amount of Each Receipt this Period: 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roger E Green

Mailing Address 559 Capitol Boulevard, 6-South

City State Zip Code
Saint Paul MN 55103-0000

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

Name of Employer: HealthEast Care System
Occupation: Vice President Strategy, Policy and Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.98

Date of Receipt: 11 / 15 / 2010
Transaction ID: 18727413
Amount of Each Receipt this Period: 20.83

C.

Full Name (Last, First, Middle Initial)
Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer: Minnesota Hospital Association
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 18727472
Amount of Each Receipt this Period: 450.00

SUBTOTAL of Receipts This Page (optional) ► **820.83**

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 132 / 261
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas O'Connor

Mailing Address 4050 Coon Rapids Boulevard

City Coon Rapids State MN Zip Code 55433-2522

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

Name of Employer Mercy Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.55

Date of Receipt 11 / 15 / 2010

Transaction ID: 18727473

Amount of Each Receipt this Period 25.46

B.

Full Name (Last, First, Middle Initial)
Mr. Gary Bebow, FACHE

Mailing Address P O Box 2197

City Batesville State AR Zip Code 72503-2197

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

Name of Employer White River Medical Center Occupation Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 11 / 16 / 2010

Transaction ID: 18731135

Amount of Each Receipt this Period 228.00

C.

Full Name (Last, First, Middle Initial)
Dr. Roger M. Busfield, Jr., PhD,

Mailing Address 419 Natural Resources Dr

City Little Rock State AR Zip Code 72205-1576

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

Name of Employer Arkansas Hospital Associa-tion Occupation President Emeritus

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 16 / 2010

Transaction ID: 18731136

Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional) ▶ **578.46**

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 133 / 261
(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. Darren Caldwell

Mailing Address P O Box 32

City State Zip Code
De Witt AR 72042-0032

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

Name of Employer Occupation
DeWitt Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

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

Transaction ID: 18731137

Amount of Each Receipt this Period
228.00

B.

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

Mailing Address P O Box 797

City State Zip Code
Camden AR 71711-0797

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

Name of Employer Occupation
Ouachita County Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 18731138

Amount of Each Receipt this Period
325.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kristy Estrem, FACHE

Mailing Address 214 Carter Street

City State Zip Code
Berryville AR 72616-4303

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

Name of Employer Occupation
St. John's Hospital-Berryville President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

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

Transaction ID: 18731142

Amount of Each Receipt this Period
228.00

SUBTOTAL of Receipts This Page (optional) ► **781.00**

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 134 / 261
(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 Gant

Mailing Address 25 White Oak Drive

City State Zip Code
Conway AR 72034-3443

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

Name of Employer
Conway Regional Medical Center

Occupation
Chairman, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18731144

Amount of Each Receipt this Period
325.00

B.

Full Name (Last, First, Middle Initial)
Mr. Russell D Harrington, Jr

Mailing Address 9601 Interstate 630, Exit 7

City State Zip Code
Little Rock AR 72205-7202

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

Name of Employer
Baptist Health

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18731145

Amount of Each Receipt this Period
244.00

C.

Full Name (Last, First, Middle Initial)
Mr. Tim J Johnsen

Mailing Address 300 Werner Street

City State Zip Code
Hot Springs Nation AR 71913-6406

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

Name of Employer
St. Joseph's Mercy Health Center

Occupation
President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18731147

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► **894.00**

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 135 / 261
(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. Walter E Johnson, Jr.
Mailing Address 1600 West 40th Avenue

City State Zip Code
Pine Bluff AR 71603-7089

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

Name of Employer Jefferson Regional Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 1 0
Transaction ID: 18731148
 Amount of Each Receipt this Period 228.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey A Johnston
Mailing Address P O Box 17000

City State Zip Code
Fort Smith AR 72917-7000

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

Name of Employer St. Edward Mercy Medical Center
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 1 0
Transaction ID: 18731149
 Amount of Each Receipt this Period 325.00

C. Full Name (Last, First, Middle Initial)
Mr. Edward L Lacy, FACHE
Mailing Address 1800 Bypass Road

City State Zip Code
Heber Springs AR 72543-9135

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

Name of Employer Baptist Health Medical Center-Heber Sp
Occupation Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 1 0
Transaction ID: 18731151
 Amount of Each Receipt this Period 228.00

SUBTOTAL of Receipts This Page (optional) ► **781.00**

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 136 / 261

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Robin E Lake

Mailing Address 620 North Main Street

City State Zip Code
Harrison AR 72601-2911

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

Name of Employer Occupation
North Arkansas Regional Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: 18731163

Amount of Each Receipt this Period

650.00

B.

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

Mailing Address 2302 College Avenue

City State Zip Code
Conway AR 72032-6297

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

Name of Employer Occupation
Conway Regional Medical Center President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: 18731164

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)
Ms Debbie Love

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Occupation
Arkansas Hospital Association Director of Financial Services

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	0

Transaction ID: 18731165

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

1138.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 9601 Interstate 630, Exit 7

City State Zip Code
Little Rock AR 72205-7299

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

Name of Employer Occupation
Baptist Health Vice President Strategic Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

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

Transaction ID: 18731166

Amount of Each Receipt this Period
228.00

B.

Full Name (Last, First, Middle Initial)
Mr. Harold E Mitchell, Jr

Mailing Address 404 South Bradley Street

City State Zip Code
Warren AR 71671-3493

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

Name of Employer Occupation
Bradley County Medical Center Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

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

Transaction ID: 18731167

Amount of Each Receipt this Period
228.00

C.

Full Name (Last, First, Middle Initial)
Mr. Larry Morse, FACHE

Mailing Address P O Box 738

City State Zip Code
Clarksville AR 72830-0738

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

Name of Employer Occupation
Johnson Regional Medical Center Chief Executive Officer and Administra

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

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

Transaction ID: 18731676

Amount of Each Receipt this Period
228.00

SUBTOTAL of Receipts This Page (optional) ► **684.00**

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 138 / 261
(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. Scott Peek

Mailing Address P O Box 639

City State Zip Code
Danville AR 72833-0639

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

Name of Employer Occupation
Chambers Memorial Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18731680

Amount of Each Receipt this Period
325.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Robertson

Mailing Address 7 Crape Myrtle Place

City State Zip Code
Little Rock AR 72210-5654

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

Name of Employer Occupation
Arkansas Hospital Association Publications Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18731685

Amount of Each Receipt this Period
325.00

C. Full Name (Last, First, Middle Initial)
Ms. Rosi Smith

Mailing Address 1 Children's Way

City State Zip Code
Little Rock AR 72202-3500

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

Name of Employer Occupation
Arkansas Children's Hospital Government Relations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18731688

Amount of Each Receipt this Period
228.00

SUBTOTAL of Receipts This Page (optional) ► **878.00**

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 139 / 261
(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. Ronald K Rooney, FACHE

Mailing Address P O Box 339

City State Zip Code
Paragould AR 72451-0339

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

Name of Employer Occupation
Arkansas Methodist Medical Center President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 18731696

Amount of Each Receipt this Period
325.00

B. Full Name (Last, First, Middle Initial)
Ms. Melody Trimble

Mailing Address P O Box 17006

City State Zip Code
Fort Smith AR 72917-7006

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

Name of Employer Occupation
Sparks Regional Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 18731697

Amount of Each Receipt this Period
325.00

C. Full Name (Last, First, Middle Initial)
Mr. John R Tucker, FACHE

Mailing Address 2801 Medical Center Drive

City State Zip Code
Pocahontas AR 72455-9436

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

Name of Employer Occupation
Five Rivers Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 228.00

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

Transaction ID: 18731698

Amount of Each Receipt this Period
228.00

SUBTOTAL of Receipts This Page (optional) ► **878.00**

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 140 / 261
(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. Patricia G. Ball

Mailing Address 2800 North Dallas Parkway
Suite 200

City State Zip Code
Plano TX 75093-5993

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

Name of Employer LHP Hospital Group Occupation SVP of Strategic Dev & Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 18731728

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael D. Aubin

Mailing Address 6445 Renwick Circle

City State Zip Code
Tampa FL 33647-1176

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

Name of Employer BayCare Health System Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

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

Transaction ID: 18755251

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Mr. Philip E. Boyce

Mailing Address 3563 Phillips Highway
Suite 101

City State Zip Code
Jacksonville FL 32207-5663

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

Name of Employer Baptist Health Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt

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

Transaction ID: 18755252

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **1030.00**

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 141 / 261
(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. Paul Clark

Mailing Address P O Box 6000

City State Zip Code
Ocala FL 34478-6000

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

Name of Employer Occupation
Munroe Regional Medical Center Senior Vice President and Chief Operat

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: 18755257

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City State Zip Code
Tallahassee FL 32312-7501

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

Name of Employer Occupation
Florida Hospital Association Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1830.00

Date of Receipt

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

Transaction ID: 18755272

Amount of Each Receipt this Period
30.00

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

Mailing Address 601 East Rollins Street

City State Zip Code
Orlando FL 32803-1248

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

Name of Employer Occupation
Florida Hospital President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1210.00

Date of Receipt

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

Transaction ID: 18755275

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **50.00**

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 142 / 261
(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. Steven M Johnson

Mailing Address P O Box 59515

City State Zip Code
Panama City FL 32402-2515

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 18755277

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City State Zip Code
Orange City FL 32763-8468

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

Name of Employer Occupation
Florida Hospital Fish Memorial President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 18755278

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith Lundquist

Mailing Address 1600 Sunny Brook Lane

City State Zip Code
Palm Bay FL 32905-6527

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

Name of Employer Occupation
Health First, Inc. Vice President Marketing and Community

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 18755307

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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 143 / 261
(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. Michael D Means

Mailing Address 6450 US Highway 1

City State Zip Code
Rockledge FL 32955-5747

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

Name of Employer Health First, Inc. Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1185.00

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

Transaction ID: 18755309

Amount of Each Receipt this Period
40.00

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

Mailing Address 1991 Killarney Drive

City State Zip Code
Winter Park FL 32789-3527

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

Name of Employer Florida Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1021.00

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

Transaction ID: 18755310

Amount of Each Receipt this Period
20.00

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

Mailing Address 1204 NW Winters Creek Rd

City State Zip Code
Palm City FL 34990-8086

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

Name of Employer Martin Memorial Health Systems Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

Transaction ID: 18755311

Amount of Each Receipt this Period
20.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 261
(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. Phillis Oeters
Mailing Address 6855 Red Road, Suite 600
City Miami State FL Zip Code 33143-3632
FEC ID number of contributing federal political committee. **C**
Name of Employer Baptist Health South Florida Occupation Corporate Vice President Government an
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 22 / 2010
Transaction ID: 18755337
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen A Purves, FACHE
Mailing Address P O Box 6000
City Ocala State FL Zip Code 34478-6000
FEC ID number of contributing federal political committee. **C**
Name of Employer Munroe Regional Medical Center Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1110.00
Date of Receipt 11 / 22 / 2010
Transaction ID: 18755341
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark E Robitaille
Mailing Address P O Box 9010
City Stuart State FL Zip Code 34995-9010
FEC ID number of contributing federal political committee. **C**
Name of Employer Martin Memorial Health Systems Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1110.00
Date of Receipt 11 / 22 / 2010
Transaction ID: 18755343
Amount of Each Receipt this Period 110.00

SUBTOTAL of Receipts This Page (optional) ▶ 620.00
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 145 / 261

(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. Timothy K Skeldon

Mailing Address 951 North Washington Avenue

City Titusville State FL Zip Code 32796-2194

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

Name of Employer Parrish Medical Center Occupation Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt

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

Transaction ID: 18755347

Amount of Each Receipt this Period
310.00

B.

Full Name (Last, First, Middle Initial)
Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Suite 320

City Pensacola State FL Zip Code 32501-6377

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

Name of Employer Baptist Health Care Corporation Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt

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

Transaction ID: 18755349

Amount of Each Receipt this Period
140.00

C.

Full Name (Last, First, Middle Initial)
Mr. Daryl Tol

Mailing Address 701 West Plymouth Avenue

City Deland State FL Zip Code 32720-3236

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

Name of Employer Florida Hospital DeLand Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt

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

Transaction ID: 18755351

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶

480.00

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 146 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr Allen S Weiss, MD

Mailing Address P O Box 413029

City State Zip Code
Naples FL 34101-3029

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

Name of Employer
NCH Downtown Naples Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 18755357

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Melvyn Patashnick

Mailing Address 528 Washington Highway

City State Zip Code
Morrisville VT 05661-8973

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

Name of Employer
Copley Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756355

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City State Zip Code
Hopkinton NH 03229-3402

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

Name of Employer
New Hampshire Hospital Association

Occupation
V.P., Finance and Rural Hospitals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: 18756427

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **880.00**

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 147 / 261
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer: New Hampshire Hospital Association
Occupation: President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt: 11 / 22 / 2010
Transaction ID: 18756428
Amount of Each Receipt this Period: 83.33

B.

Full Name (Last, First, Middle Initial)
Mr. Peter L Gosline

Mailing Address 452 Old Street Road

City Peterborough State NH Zip Code 03458-1295

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

Name of Employer: Monadnock Community Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756430
Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Scott W Howe

Mailing Address 173 Middle Street

City Lancaster State NH Zip Code 03584-3508

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756431
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► **783.33**

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 148 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 9 Farm Haven Court

City State Zip Code
Rockville MD 20852-4231

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 1 0

Transaction ID: 18756432

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. J Steve Pery

Mailing Address P O Box 579

City State Zip Code
Afton WY 83110-0579

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

Name of Employer Star Valley Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18756435

Amount of Each Receipt this Period
250.00

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

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

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 ▼ 522.50

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

Transaction ID: 18756440

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► **812.50**

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

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

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

FOR LINE NUMBER: PAGE 149 / 261
(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. Robert C Khayat, Jr.
Mailing Address 223 Superior Avenue
City State Zip Code
Decatur GA 30030-1816
FEC ID number of contributing federal political committee. **C**
Name of Employer King & Spalding Occupation Partner Govt. Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00
Date of Receipt 11 / 16 / 2010
Transaction ID: 18756443
Amount of Each Receipt this Period 385.00

B. Full Name (Last, First, Middle Initial)
Mr. A James Budzinski
Mailing Address 805 Sandy Plains Road
City State Zip Code
Marietta GA 30066-6340
FEC ID number of contributing federal political committee. **C**
Name of Employer WellStar Health System Occupation Executive Vice President and Chief Fin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 16 / 2010
Transaction ID: 18756504
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Edmond R. Jordan
Mailing Address 201 Graylyn Drive
City State Zip Code
Anderson SC 29621-1985
FEC ID number of contributing federal political committee. **C**
Name of Employer AnMed Health Medical Center Occupation Director of Urgent Care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 16 / 2010
Transaction ID: 18756516
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1385.00
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 150 / 261
(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. Jerry A Parrish

Mailing Address 800 North Fant Street

City Anderson State SC Zip Code 29621-5708

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

Name of Employer AnMed Health Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2010

Transaction ID: 18756517

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address One St Francis Drive

City Greenville State SC Zip Code 29601-3999

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

Name of Employer Bon Secours St. Francis Health System Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2010

Transaction ID: 18756518

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Suzanne White

Mailing Address 701 Grove Road

City Greenville State SC Zip Code 29605-5611

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

Name of Employer Greenville Hospital System Occupation Vice President, Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2010

Transaction ID: 18756519

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 261
(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. W Stuart Smith

Mailing Address 169 Ashley Avenue

City Charleston State SC Zip Code 29425-8905

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

Name of Employer MUSC Medical Center of Medical Univers
Occupation Executive Director and Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2010
Transaction ID: 18756520
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 26 Moise Drive

City Sumter State SC Zip Code 29150-4235

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

Name of Employer Self Regional Healthcare
Occupation Sr. Vice President/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2010
Transaction ID: 18756521
Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 1325 Spring Street

City Greenwood State SC Zip Code 29646-3860

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

Name of Employer Self Regional Healthcare
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2010
Transaction ID: 18756522
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 261
	<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. Craig White	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 1325 Spring Street	Transaction ID: 18756523
	City State Zip Code Greenwood SC 29646-3860	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Regional Healthcare Occupation Vice President Corporate Compliance and Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gregg Martin	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 129 North Washington Street	Transaction ID: 18756524
	City State Zip Code Sumter SC 29150-4949	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tuomey Healthcare System Occupation Senior Vice President and Chief Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Gayle Capozzalo Heil	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 789 Howard Avenue	Transaction ID: 18756526
	City State Zip Code New Haven CT 06519-1304	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Yale New Haven Health Sys-tem Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 153 / 261
	<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. Vincent Petrini		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 20 York Street		Transaction ID: 18756527
City New Haven	State CT	Zip Code 06510-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yale New Haven Health System	Occupation Senior VP of Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Ms. Patricia Susan Fitzsimons		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 20 York Street		Transaction ID: 18756529
City New Haven	State CT	Zip Code 06510-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yale-New Haven Hospital	Occupation Sr. Vice President of Patient Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Mr. Frank A Corvino		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 5 Perryridge Road		Transaction ID: 18756530
City Greenwich	State CT	Zip Code 06830-4697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenwich Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 154 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Kevin A. Myatt		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 20 York Street		Transaction ID: 18756531
	City New Haven	State CT	Zip Code 06510-3220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Yale-New Haven Hospital	Occupation Sr. Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Norman G. Roth		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 20 York Street		Transaction ID: 18756532
	City New Haven	State CT	Zip Code 06510-3220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Yale New Haven Health System	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 789 Howard Avenue		Transaction ID: 18756533
	City New Haven	State CT	Zip Code 06519-1304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Yale New Haven Health System	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 155 / 261
(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. Peter J Karl

Mailing Address 71 Haynes Street

City State Zip Code
Manchester CT 06040-4131

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

Name of Employer Eastern Connecticut Health Network
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756536

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Christopher M Dadlez

Mailing Address 490 Blue Hills Avenue

City State Zip Code
Hartford CT 06112-1513

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

Name of Employer Mount Sinai Rehabilitation Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756541

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Crystal L. Haynes

Mailing Address 3924 Flora Place

City State Zip Code
Saint Louis MO 63110-3733

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

Name of Employer Saint Louis University Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18756542

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 156 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. William K Mahoney

Mailing Address P O Box 650

City State Zip Code
Branson MO 65615-0650

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

Name of Employer Skaggs Regional Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18756566

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. W Scott Burnette

Mailing Address P O Box 90

City State Zip Code
South Hill VA 23970-0090

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

Name of Employer Community Memorial Health-center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18756614

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey P King

Mailing Address 925 Ditchley Rd

City State Zip Code
Virginia Beach VA 23451-3740

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

Name of Employer Sentara Healthcare
Occupation Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 18756616

Amount of Each Receipt this Period
350.00

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 157 / 261
(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. Darlene Vrotsos

Mailing Address 2653 Park Tower Drive

City State Zip Code
Vienna VA 22180-7386

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Chief Nursing Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756619

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Bruce Werness, MD

Mailing Address 10020 Park Royal Drive

City State Zip Code
Great Falls VA 22066-1847

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

Name of Employer Occupation
Inova Fair Oaks Hospital Director/Dept of Pathology

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756620

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr Ralph Whatley

Mailing Address 85 Stoneledge Dr

City State Zip Code
Roanoke VA 24019-8503

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

Name of Employer Occupation
Carilion Clinic Medical Director

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	0

Transaction ID: 18756621

Amount of Each Receipt this Period
350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 261
	<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. Sharon Zrioka	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 5109 Wyndham Rose Cove	Transaction ID: 18756622
	City State Zip Code Centreville VA 20120-4138	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Health System Occupation Director Home Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Carl Biggs	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2225 Arynness Drive	Transaction ID: 18756623
	City State Zip Code Vienna VA 22181-3047	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Health System Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Patricia L. Robertson	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 205 Oxford Circle West	Transaction ID: 18756624
	City State Zip Code Richmond VA 23221-3250	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bon Secours St. Mary's Hospital Occupation Executive Vice President & Administrat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 159 / 261
(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. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
Manasquan NJ 08736-4001

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

Name of Employer
New Jersey Hospital Association
Occupation
Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756628

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

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

Name of Employer
New Jersey Hospital Association
Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756633

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

Name of Employer
New Jersey Hospital Association
Occupation
Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756635

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 160 / 261
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2950 College Drive, Suite 1E

City Vineland State NJ Zip Code 08360-6933

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

Name of Employer South Jersey Healthcare Occupation Senior Vice President Finance and Chief

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18756641
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 9 Jumping Brook Drive

City Neptune State NJ Zip Code 07753-3326

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

Name of Employer New Jersey Hospital Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18756642
Amount of Each Receipt this Period 10.00

C.

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

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18756645
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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 161 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Erich Florentine

Mailing Address 9 Wyncroft Drive

City State Zip Code
Woodbine NJ 08270-3503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Jersey Healthcare Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756647

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 674.18

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756653

Amount of Each Receipt this Period
50.83

C.

Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City State Zip Code
Pennington NJ 08534-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
New Jersey Hospital Association General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756655

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **310.83**

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 162 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Richard J Kathrins, MHA	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address P O Box 723	Transaction ID: 18756658
	City Pomona State NJ Zip Code 08240-0723	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bacharach Institute for Rehabilitation	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. William D. Kennedy	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1549 North Valley Road	Transaction ID: 18756659
	City Malvern State PA Zip Code 19355-9796	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer New Jersey Hospital Assoc-iation	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) Mr. Timothy J. Keough	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 23 Nelson Drive	Transaction ID: 18756660
	City Barnegat State NJ Zip Code 08005-2174	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer New Jersey Hospital Assoc-iation	Occupation Vice President, Health Information Mgrm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	520.00
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 163 / 261
(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. Steve E. Krebs

Mailing Address 73 Tindall Rd

City Robbinsville State NJ Zip Code 08691-2508

FEC ID number of contributing federal political committee. **C**

Name of Employer: New Jersey Hospital Association
Occupation: Director, Conference Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756662
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

FEC ID number of contributing federal political committee. **C**

Name of Employer: New Jersey Hospital Association
Occupation: Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756668
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Mr. Alan Lieber

Mailing Address 4 Sun Watch Court

City Ramsey State NJ Zip Code 07446-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer: Atlantic Health
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756669
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **520.00**

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 164 / 261
(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. Amy B Mansue

Mailing Address 200 Somerset Street

City State Zip Code
New Brunswick NJ 08901-1942

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Specialized Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1563.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756676

Amount of Each Receipt this Period
781.50

B.

Full Name (Last, First, Middle Initial)
Mr. William A McDonald

Mailing Address 703 Main Street

City State Zip Code
Paterson NJ 07503-2621

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph's Healthcare System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756681

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City State Zip Code
East Windsor NJ 08520-6209

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association
Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756683

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **1291.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City Freehold State NJ Zip Code 7728

FEC ID number of contributing federal political committee. **C**

Name of Employer: New Jersey Hospital Association
Occupation: Senior VP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756688
 Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City Lumberton State NJ Zip Code 08048-5297

FEC ID number of contributing federal political committee. **C**

Name of Employer: New Jersey Hospital Association
Occupation: Director, Marketing & Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756692
 Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ronald Rak

Mailing Address 34 Federal City Road

City Ewing State NJ Zip Code 08638-1321

FEC ID number of contributing federal political committee. **C**

Name of Employer: Saint Peter's University Hospital
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756703
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **520.00**

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 166 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City State Zip Code
Newtown PA 18940-9284

FEC ID number of contributing federal political committee. **C**

Name of Employer
New Jersey Hospital Association

Occupation
VP Development & Trustee Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756708

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
Howell NJ 07731-1451

FEC ID number of contributing federal political committee. **C**

Name of Employer
New Jersey Hospital Association

Occupation
VP Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756713

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City State Zip Code
Hopewell NJ 08525-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer
New Jersey Hospital Association

Occupation
Assistant to President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756723

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 167 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud		Date of Receipt
	Mailing Address 7 Ivanhoe Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Topsham	ME	04086-6109
	FEC ID number of contributing federal political committee.		Transaction ID: 18756774
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Maine Hospital Association		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard Petersen		Date of Receipt
	Mailing Address 120 Fickett Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	South Portland	ME	04106-6874
	FEC ID number of contributing federal political committee.		Transaction ID: 18756776
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Maine Medical Center		Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Angela		Date of Receipt
	Mailing Address 1151 East Warrenville Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Naperville	IL	60563-9339
	FEC ID number of contributing federal political committee.		Transaction ID: 18756803
		Amount of Each Receipt this Period	
		<input type="text"/> 150.00	
Name of Employer Illinois Hospital Association		Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Peter W Butler

Mailing Address 1653 West Congress Parkway

City State Zip Code
Skokie IL 60612-3864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rush University Medical Center President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756804

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr J.R. Clapp

Mailing Address 3513 N. Fremont St
Apt. 1

City State Zip Code
Chicago IL 60657-2992

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rush University Medical Center Senior Vice President, Hospital Affair

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756805

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. Edgar J Curtis

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Health System President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756806

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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 169 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Kevin R. England

Mailing Address 1800 Grist Mill Drive

City Springfield State IL Zip Code 62711-8113

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Health System Occupation Vice President, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18756807

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Mr. David S Fox

Mailing Address 3815 Highland Avenue

City Downers Grove State IL Zip Code 60515-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Good Samaritan Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18756808

Amount of Each Receipt this Period 600.00

C.

Full Name (Last, First, Middle Initial)
Dr. Wayne M Lerner, DrPH

Mailing Address 2701 West 68th Street

City Chicago State IL Zip Code 60629-1813

FEC ID number of contributing federal political committee. **C**

Name of Employer Holy Cross Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18756809

Amount of Each Receipt this Period 600.00

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: (check only one)	PAGE 170 / 261
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 640 West Washington Street		Transaction ID: 18756810
	City Pittsfield	State IL	Zip Code 62363-1350
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Illini Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Mr. Paul M Teodo		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2701 West 68th Street		Transaction ID: 18756811
	City Chicago	State IL	Zip Code 60629-1813
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Holy Cross Hospital	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Darryl L Vandervort		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 403 East First Street		Transaction ID: 18756812
	City Dixon	State IL	Zip Code 61021-3187
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer	Occupation Former - President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 261
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas Young

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northwestern Memorial Hospital Vice President, Accounting

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756902

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Ms Carolyn Bengston

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756903

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey Brickman, FACHE

Mailing Address 333 North Madison Street

City State Zip Code
Joliet IL 60435-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Provena Saint Joseph Medical Center President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756904

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 261
(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. Helen M. Brooks

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: Corporate Director, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756905
 Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial)
Mr. William R. Dilts

Mailing Address 11873 Warblers Way

City State Zip Code
Roscoe IL 61073-7541

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: Vice President, Strategic PIng/Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756906
 Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City State Zip Code
Springfield IL 62704-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer: Illinois Hospital Association Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18756907
 Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 173 / 261
	<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. Michael Easley		Date of Receipt
	Mailing Address 385 Millennium Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Crystal Lake	IL	60012-3761
	FEC ID number of contributing federal political committee.		Transaction ID: 18756908
		Amount of Each Receipt this Period	
		<input type="text" value="600.00"/>	
Name of Employer Centegra Health System		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="600.00"/>	

B.	Full Name (Last, First, Middle Initial) Ms. Anna N Evans, JD		Date of Receipt
	Mailing Address 701 North First Street		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Springfield	IL	62781-0001
	FEC ID number of contributing federal political committee.		Transaction ID: 18756909
		Amount of Each Receipt this Period	
		<input type="text" value="150.00"/>	
Name of Employer Memorial Health System		Occupation General Counsel and Vice President Int	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="400.00"/>	

C.	Full Name (Last, First, Middle Initial) Ms. Beth Garrow		Date of Receipt
	Mailing Address 6419 South Garfield Avenue		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Burr Ridge	IL	60527-5237
	FEC ID number of contributing federal political committee.		Transaction ID: 18756910
		Amount of Each Receipt this Period	
		<input type="text" value="150.00"/>	
Name of Employer Provena Saint Joseph Medi- cal Center		Occupation VP, Foundation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 261
(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 W Kay

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Health System Occupation Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18756911

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.50

Date of Receipt 11 / 19 / 2010

Transaction ID: 18756995

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. John Rhoades

Mailing Address 1141 Midwest Lane

City Wheaton State IL Zip Code 60189-7382

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockford Memorial Hospital Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18756997

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 175 / 261
(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. Kevin Ruggles

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rockford Memorial Hospital

Occupation
Chief Physician Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18756999

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Baiardo

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer
Illinois Hospital Association

Occupation
Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.78

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757000

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Henry Seybold

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rockford Memorial Hospital

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757001

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 176 / 261
(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. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757002

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City State Zip Code
Quincy IL 62301-6380

FEC ID number of contributing federal political committee. **C**

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757003

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul F. Hills

Mailing Address 18 Heron Lane

City State Zip Code
Barrington IL 60010-5142

FEC ID number of contributing federal political committee. **C**

Name of Employer Centegra Health System Occupation Trustee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: 18757004

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 177 / 261
(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. Barbara Johnson

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centegra Hospital - McHenry Senior Vice President of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757005

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Sr. VP, General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757034

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Hospital Association Director of Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757035

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2150.00**

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 178 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 1151 E. Warrenville Rd.		Transaction ID: 18757036		
	City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Hospital Association	Occupation Vice President, Human Resources	Aggregate Year-to-Date 343.78		

B.	Full Name (Last, First, Middle Initial) Ms. Barbara Filling		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 1013 59th Street		Transaction ID: 18757037		
	City Lisle	State IL	Zip Code 60532-3122	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Hospital Association	Occupation Senior Director, Government Relations	Aggregate Year-to-Date 293.78		

C.	Full Name (Last, First, Middle Initial) Ms. Tamara Lynn Gamrat		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 1911 Hamilton Street		Transaction ID: 18757038		
	City Murphysboro	State IL	Zip Code 62966-1519	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Hospital Association	Occupation Senior Risk Management Coordination	Aggregate Year-to-Date 270.33		

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 261
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms Vicki Garretson

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Malpractice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757042

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.51

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757044

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ed Holzhauer

Mailing Address 1755 Maple Lane

City Wheaton State IL Zip Code 60187-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757048

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 180 / 261
(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. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757049

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 994.50

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757052

Amount of Each Receipt this Period 650.00

C.

Full Name (Last, First, Middle Initial)
Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Senior Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757062

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

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 181 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757070
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms Dianne O'Donnell

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.50

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757072
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City Springfield State IL Zip Code 62707-6070

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757080
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 182 / 261
(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 Ted Lorenc, MD

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centegra Health System Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757082

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City State Zip Code
Woodstock IL 60098-3678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centegra Hospital - Woodstock Director, Risk

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757083

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas L Rahn

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Health System Senior Vice President and Chief Operat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757084

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 183 / 261
(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. Robert Rosenberger

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centegra Health System Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757085

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Jason Sciarro

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centegra Health System Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757086

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen C Yosko

Mailing Address P O Box 795

City State Zip Code
Wheaton IL 60189-0795

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Marianjoy Rehabilitation Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757087

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 184 / 261
(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 Daniel A Parod

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rockford Memorial Hospital Occupation: Senior Vice President Administrative A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18757088
 Amount of Each Receipt this Period: 600.00

B.

Full Name (Last, First, Middle Initial)
Mr. Phillip M Kambic

Mailing Address 350 North Wall Street

City State Zip Code
Kankakee IL 60901-2901

FEC ID number of contributing federal political committee. **C**

Name of Employer: Riverside Medical Center Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18757089
 Amount of Each Receipt this Period: 150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Evert J Kuiper

Mailing Address P O Box 340

City State Zip Code
Alton IL 62002-0340

FEC ID number of contributing federal political committee. **C**

Name of Employer: Saint Anthony's Health Center Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: 18757090
 Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 185 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. James C Leonard, M.D.

Mailing Address 611 West Park Street

City Urbana State IL Zip Code 61801-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Carle Foundation Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757091
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City Springfield State IL Zip Code 62704-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Director, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.50

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757099
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.25

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757104
 Amount of Each Receipt this Period 1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 261
(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. Gary E Kaatz

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3692

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757111

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Dr John Jurica, MD

Mailing Address 350 North Wall Street

City State Zip Code
Kankakee IL 60901-2901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Riverside Medical Center Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757112

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr Anil Godbole, MD

Mailing Address 836 West Wellington Avenue

City State Zip Code
Chicago IL 60657-5147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocate Illinois Masonic Medical Cent Chairman Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757114

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 187 / 261
(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. Dolan Dalpoas

Mailing Address 315 8th Street

City Lincoln State IL Zip Code 62656-2671

FEC ID number of contributing federal political committee. **C**

Name of Employer Abraham Lincoln Memorial Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.50

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757115
 Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mr. Aaron T Shepley

Mailing Address 385 Millennium Drive

City Crystal Lake State IL Zip Code 60012-3740

FEC ID number of contributing federal political committee. **C**

Name of Employer Centegra Health System
Occupation Senior Vice President and General Coun

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757116
 Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City Oak Park State IL Zip Code 60302-2189

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Associa- tion
Occupation Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757117
 Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 188 / 261
(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. Joanne Fenton, FACHE

Mailing Address 111 Spring Street

City State Zip Code
Streator IL 61364-3332

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757118

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Ms. Maureen A Kahn

Mailing Address P O Box 7005

City State Zip Code
Quincy IL 62305-7005

FEC ID number of contributing federal political committee. **C**

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757119

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City State Zip Code
Maryville IL 62062-8500

FEC ID number of contributing federal political committee. **C**

Name of Employer Anderson Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757120

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 189 / 261
(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. Michael Russo

Mailing Address 1706 Seminole Lane

City State Zip Code
Godfrey IL 62035-1500

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Saint Anthony's Health Center Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757123

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Mr. Harry Wolin

Mailing Address P O Box 530

City State Zip Code
Havana IL 62644-0530

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mason District Hospital Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757124

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel J Woods

Mailing Address 503 North Maple Street

City State Zip Code
Effingham IL 62401-2006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St. Anthony's Memorial Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2010

Transaction ID: 18757125

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 261
(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. Michael Englehart

Mailing Address 12840 Sycamore

City Palos Heights State IL Zip Code 60463-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate South Suburban Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757126
Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan R. Bruss

Mailing Address 30 W 061 Kensington Drive

City Warrenville State IL Zip Code 60555

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Good Samaritan Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757127
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles Derus, MD

Mailing Address 2025 Windsor Drive

City Oak Brook State IL Zip Code 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Good Samaritan Hospital
Occupation Vice President Medical Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010
Transaction ID: 18757128
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 191 / 261
(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. Richard S Kowalski, FACHE

Mailing Address 3333 North Seminary Street

City Galesburg State IL Zip Code 61401-1299

FEC ID number of contributing federal political committee. **C**

Name of Employer OSF St. Mary Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757129

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Ms. Karen A Lambert

Mailing Address 450 West Highway 22

City Barrington State IL Zip Code 60010-1919

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Good Shepherd Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757133

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City Naperville State IL Zip Code 60565-6351

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757134

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 192 / 261
(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. Scott Powder

Mailing Address 1775 Dempster

City State Zip Code
Park Ridge IL 60068-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Lutheran General Hospital
Occupation SVP, Strategic Planning & Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757135

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Lee Sacks, MD

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care
Occupation Executive Vice President and Chief Med

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757136

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Mr. John Bomher

Mailing Address 1151 E. Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association
Occupation Senior VP, Health Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757137

Amount of Each Receipt this Period
600.00

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 193 / 261
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. James Dan</p> <p>Mailing Address 511 Forest Mews</p> <p>City State Zip Code Oak Brook IL 60523-2643</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Advocate Health Care Occupation President</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0</p> <p>Transaction ID: 18757143</p> <p>Amount of Each Receipt this Period 300.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Mr. Scott Dimmick</p> <p>Mailing Address 1324 North Sheridan Road</p> <p>City State Zip Code Waukegan IL 60085-2161</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Vista Medical Center East Occupation Vice President of Human Resources</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0</p> <p>Transaction ID: 18757144</p> <p>Amount of Each Receipt this Period 150.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Ms Bridgett Gibbons</p> <p>Mailing Address 2132 West Warner</p> <p>City State Zip Code Chicago IL 60618-3032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Advocate South Suburban Hospital Occupation Vice President</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0</p> <p>Transaction ID: 18757145</p> <p>Amount of Each Receipt this Period 600.00</p>
---	---

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City Chicago State IL Zip Code 60625-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation Director, Advocate Health Care Foundat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757146

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roger S Hunt

Mailing Address P O Box 2850

City Bloomington State IL Zip Code 61702-2850

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate BroMenn Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757147

Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kenneth W Lukhard

Mailing Address 4440 West 95th Street

City Oak Lawn State IL Zip Code 60453-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Christ Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 18757148

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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 195 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Barbara J Martin, RN

Mailing Address 2615 Washington Street

City State Zip Code
Waukegan IL 60085-4980

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vista Medical Center West President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757149

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Mr. William P Santulli

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocate Health Care Executive Vice President and Chief Op

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757150

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. David L. Schreiner

Mailing Address 1435 Tilton Park Drive

City State Zip Code
Dixon IL 61021-1437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Katherine Shaw Bethea Hos- President & CEO
pital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18757151

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 196 / 261
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 506A East Howell Avenue	Transaction ID: PR1034595124482
	City State Zip Code Alexandria VA 22301-1216	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	

B.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1045726224482
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00	

C.	Full Name (Last, First, Middle Initial) Mr. David Schulke	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1057462124482
	City State Zip Code Washington DC 20004-2801	Amount of Each Receipt this Period 176.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation VP Research Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 882.30	

SUBTOTAL of Receipts This Page (optional)	356.46
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 197 / 261
	<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. Sarah Berk	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1082532724482
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

B.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1113464224482
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Allen	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1118928224482
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 61.74
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.70	

SUBTOTAL of Receipts This Page (optional)	▶	145.74
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 198 / 261
(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. Mary Meadows

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 Director of Professional Practice, AON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1260472924482

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Baskett

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Associate Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1332167424482

Amount of Each Receipt this Period 47.73

P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. James Wadzinski

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR1347703424482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **149.73**

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 199 / 261
(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. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1347703624482

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Susan Gergely

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 Director of Operations, AONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1347791024482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. John Slotman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1384065324482

Amount of Each Receipt this Period
60.00

P/R Deduction (\$42.72 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **162.00**

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 200 / 261
	<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. Sharon Allen	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1474886224482
	City State Zip Code Chicago IL 60606-1709	Amount of Each Receipt this Period 52.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Membership and Marketing Manager ASHHR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Mark Colucci	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1061 N Penny Ln	Transaction ID: PR1475133724482
	City State Zip Code Palatine IL 60067-1821	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1492459924482
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Executive Director - ASHHR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$40.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	172.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City State Zip Code
Largo MD 20774-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Political Affairs Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1516850624482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Elisa Arespachoga

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 Associate Director, Constituency Secti

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1555656224482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Asst. Director Advocacy & Member Commu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR1555656524482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 126.00

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 202 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kathy Poole	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1589439924482
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Robert Kehoe	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1625368324482
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 50.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 316.73	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Kelly Redmond	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1625588824482
	City State Zip Code Chicago IL 60606-1709	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	134.01
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 203 / 261
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.73

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1648726624482

Amount of Each Receipt this Period 50.01

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 909.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1671258624482

Amount of Each Receipt this Period 136.35

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr Robert P. David

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 ▼ 909.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1677512424482

Amount of Each Receipt this Period 136.35

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **322.71**

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 204 / 261
(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. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR327629124482
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City Rockville State MD Zip Code 20852-3249

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR327745924482
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR327771624482
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 205 / 261
(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. Suzanne R. Sonik

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 Director, Long-Term Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327777224482

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
Oak Park IL 60304-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327777824482

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR327801724482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **222.00**

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 206 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR327812024482

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR327831724482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR327846224482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 261
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2401 Calvert Street, NW Apt. 1008	Transaction ID: PR327851924482
	City Washington State DC Zip Code 20008-2614	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858024482
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. John F. Barry	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address One North Franklin	Transaction ID: PR327877824482
	City Millis State MA Zip Code 60606-3436	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	300.00
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 208 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR327895724482

Amount of Each Receipt this Period
135.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Director Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR327906124482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Director Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR327918924482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **219.00**

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 209 / 261
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 920.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0</p> <p>Transaction ID: PR328132824482</p> <p>Amount of Each Receipt this Period 120.00</p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach</p> <p>Mailing Address 204 7th Ave</p> <p>City State Zip Code La Grange IL 60525-6406</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 920.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0</p> <p>Transaction ID: PR328136924482</p> <p>Amount of Each Receipt this Period 120.00</p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett</p> <p>Mailing Address One North Franklin Street</p> <p>City State Zip Code Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Chicago Occupation Executive Director, SHSMD</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 322.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0</p> <p>Transaction ID: PR328174924482</p> <p>Amount of Each Receipt this Period 42.00</p> <p>P/R Deduction (\$14.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	282.00
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 210 / 261
(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. Donna J. Melkonian

Mailing Address 5545 North Wayne

City State Zip Code
Chicago IL 60640-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR328223824482

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

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 ▼ 460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR328241424482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR328260924482

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 211 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 930.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR328341824482
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR328490124482
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR328511824482
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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 212 / 261
(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. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City Arlington State VA Zip Code 22205-2726

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Senior Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR328512024482
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. George Arges

Mailing Address One North Franklin St.

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Senior Director, Health Data Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR328641124482
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation President & CEO, AHA Solutions, Inc. &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR328913324482
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address One North Franklin Street		Transaction ID: PR329013424482		
	City Chicago	State IL	Zip Code 60606	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer American Hospital Association-Chicago		Occupation SPSA Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00			

B.	Full Name (Last, First, Middle Initial) Dr. John R. Combes		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address One North Franklin		Transaction ID: PR329071324482		
	City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer American Hospital Association-Chicago		Occupation President & Chief Operating Officer, C			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00			

C.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR329084424482		
	City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00			

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 261
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR329215724482

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR329342624482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City State Zip Code
Chicago IL 60626-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR329654224482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **204.00**

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 215 / 261
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Meersman

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 Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR330343324482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Misfeldt

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 Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR330411624482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Maureen D. Mudron

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 Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR330465224482

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 162.00

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 216 / 261
(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. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

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 ▼ 920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR330475424482

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 1025 Connecticut Avenue, NW
Suite 1000

City State Zip Code
Washington DC 20036-5417

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR330534324482

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR330547724482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **220.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 261
(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. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR330549224482

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 60634-3232

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Executive Director, Associate Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR331098324482

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: PR331278824482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **222.00**

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 218 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 893.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331304224482

Amount of Each Receipt this Period
159.99

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Jo Ann Webb

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. Director Federal Relations & Polic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331379124482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer

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 Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR331386924482

Amount of Each Receipt this Period
42.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **243.99**

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 219 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.
Mailing Address 6225 US Hwy 290 E
City Austin State TX Zip Code 78761-5587
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR331416024482
Amount of Each Receipt this Period: 180.00
P/R Deduction (\$60.00 Bi-Weekly)

Name of Employer: American Hospital Association-Chicago
Occupation: AHA Regional Executive for TX
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1380.00

B. Full Name (Last, First, Middle Initial)
Mr. Woodin Dale
Mailing Address 800 W. Central Road
City Arlington Heights State IL Zip Code 60005-2349
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR331481324482
Amount of Each Receipt this Period: 42.00
P/R Deduction (\$14.00 Bi-Weekly)

Name of Employer: American Hospital Association-Chicago
Occupation: Executive Director, ASHE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 322.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls St.
City Falls Church State VA Zip Code 22046-2613
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR331533224482
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$40.00 Bi-Weekly)

Name of Employer: American Hospital Association-Washingt
Occupation: Vice President, Policy
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 920.00

SUBTOTAL of Receipts This Page (optional) **342.00**

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 220 / 261
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, PMG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR346168124482

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR517619724482

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Megan Cundari

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 Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR518031924482

Amount of Each Receipt this Period
90.00

P/R Deduction (\$41.36 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **330.00**

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 221 / 261
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR560101524482

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR566280924482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR766023724482

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 162.00

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 222 / 261
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR801366324482
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00	

B.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR876637224482
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	

C.	Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 10702 Benning Way	Transaction ID: PR928186524482
	City State Zip Code Spotsylvania VA 22551-4670	Amount of Each Receipt this Period 47.73
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Director Communication Strategies Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.20	

SUBTOTAL of Receipts This Page (optional)	149.73
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 223 / 261
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR936292324482
City Washington	State Zip Code DC 20004-2818	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Director of Operations	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

B.

Full Name (Last, First, Middle Initial) Mr. David A. Strickland		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address One N. Franklin Street		Transaction ID: PR939603924482
City Chicago	State Zip Code IL 60606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer American Hospital Association-Chicago	Occupation Executive Director Quality Center	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

SUBTOTAL of Receipts This Page (optional)	84.00
TOTAL This Period (last page this line number only)	201190.69

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 261
(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)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: 18680974

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: 18681080

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing 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 ▼
9182.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: 18681777

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **21000.00**

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 225 / 261
(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)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: 18696887

Amount of Each Receipt this Period
15000.00

B. Full Name (Last, First, Middle Initial)
Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
94800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	1	0

Transaction ID: 18720160

Amount of Each Receipt this Period
30000.00

C. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing 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 ▼
9982.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 18727160

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► **45800.00**

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 226 / 261
(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)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 135000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: 18756426

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Health Education and Learning Political Action Committee(HEALPAC)-Federal

Mailing Address 230 West McCarty Street

City State Zip Code
Jefferson City MO 65101

FEC ID number of contributing federal political committee. **C** C00478362

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: 18756604

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00

TOTAL This Period (last page this line number only) ► 81800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 261
 (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)
Castle Campaign Fund

Mailing Address PO Box 133

City State Zip Code
Wilmington DE 19899

FEC ID number of contributing federal political committee. **C** C00254938

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 1 0

Transaction ID: 18681029

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 261
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2085.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: 18726767

Amount of Each Receipt this Period

132.21

Interest

SUBTOTAL of Receipts This Page (optional)	▶	132.21
TOTAL This Period (last page this line number only)	▶	132.21

**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 229 / 261

<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) GMMB	Transaction ID: 18676315 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1010 Wisconsin Ave NW Suite 800	Amount of Each Disbursement this Period -119092.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement TV Advertising and Production, See Line 24 Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TV Advertising and Production, See Line 24

B.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.	Transaction ID: 18726766 Date of Disbursement 10 / 19 / 2010
	Mailing Address 1400 G Street, NW	Amount of Each Disbursement this Period 22.59
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 18755187 Date of Disbursement 11 / 02 / 2010
	Mailing Address Ste. 001	Amount of Each Disbursement this Period 4.95
	City Chicago State IL Zip Code 60679	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

SUBTOTAL of Disbursements This Page (optional)	-119064.46
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 / 261

<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

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) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18755189 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 50.71 Merchant Fees
B.	Full Name (Last, First, Middle Initial) Newtek Merchant Solutions Mailing Address 744 N 4th Street City Milwaukee State WI Zip Code 53203 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18755191 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 87.40 Merchant Fees
C.	Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Parkway Building Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18755193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 192.46 Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶

330.57

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 231 / 261

<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: 18755199
Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

62.72

Bank Fee

B.

Full Name (Last, First, Middle Initial)
Multi Media Services Corporation

Mailing Address 915 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

TV & Radio Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 18762869
Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

-35000.00

TV & Radio Advertising & Production, See Line 24

C.

Full Name (Last, First, Middle Initial)
Multi Media Services Corporation

Mailing Address 915 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

TV & Radio Advertising & Production, See Line 24

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 18762870
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

-65000.00

TV & Radio Advertising & Production, See Line 24

SUBTOTAL of Disbursements This Page (optional) ▶

-99937.28

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 232 / 261

<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

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) Multi Media Services Corporation Mailing Address 915 King Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement TV & Radio Advertising & Production, See Line 24 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18762871 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period -106000.00 TV & Radio Advertising & Production, See Line 24
B.	Full Name (Last, First, Middle Initial) Mentzer Media Mailing Address 600 Fairmount Avenue Suite 306 City Towson State MD Zip Code 21286 Purpose of Disbursement Television Advertising & Production, See Line 24 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18780631 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period -78400.00 Television Advertising & Production, See Line 24
C.	Full Name (Last, First, Middle Initial) Mentzer Media Mailing Address 600 Fairmount Avenue Suite 306 City Towson State MD Zip Code 21286 Purpose of Disbursement Television Advertising & Production, See Line 24 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18780870 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period -121600.00 Television Advertising & Production, See Line 24

SUBTOTAL of Disbursements This Page (optional)	-306000.00
TOTAL This Period (last page this line number only)	-524671.17

**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 233 / 261

<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

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) Blumenthal For Senate <hr/> Mailing Address 777 Summer Street <hr/> City Stamford State CT Zip Code 06901 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Richard Blumenthal <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18689454 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Committee To Reelect Congressman Chris Smith <hr/> Mailing Address P.O. Box 3184 <hr/> City Hamilton State NJ Zip Code 08619 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Christopher H. Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18689457 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress <hr/> Mailing Address P. O. Box 909 <hr/> City Columbus State GA Zip Code 31902 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Sanford D. Bishop, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18689459 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

7250.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18689460 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Friends Of Jim Marshall <hr/> Mailing Address 586 Orange Street <hr/> City Macon State GA Zip Code 31201 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18689461 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Paul Broun Committee <hr/> Mailing Address P.O. Box 1512 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Paul C. Broun Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18689462 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 08</p>	<p>Transaction ID: 18689463</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B.</p> <p>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 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</p> <p>State: NY District: 29</p>	<p>Transaction ID: 18689465</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SAC PAC</p> <p>Mailing Address 6380 Wilshire Blvd., #1612</p> <p>City Los Angeles, CA 90 State Zip Code</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name SAC PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 18690948</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2010 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) WEDGE PAC <hr/> Mailing Address PO Box 680063 <hr/> City Franklin State TN Zip Code 37068 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name WEDGE PAC <hr/> 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:	Transaction ID: 18690967 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 2010 Contribution
B.	Full Name (Last, First, Middle Initial) Jobs, Opportunity & Education, PAC (JOEPAC) <hr/> Mailing Address 84-54 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Jobs, Opportunity & Education, PAC (JOEPAC) <hr/> 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:	Transaction ID: 18691531 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00 2010 Contribution
C.	Full Name (Last, First, Middle Initial) Walden For Congress <hr/> Mailing Address PO Box 1091 <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Gregory P. Walden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 02	Transaction ID: 18691710 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling</p> <p>Mailing Address PO Box 820504</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Jeb Hensarling</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18691773 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Betty S. Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18691827 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) LoBiondo For Congress</p> <p>Mailing Address P.O. Box 550</p> <p>City Vineland State NJ Zip Code 08362</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18692359 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Wu For Congress</p> <p>Mailing Address 818 Sw Third Ave., #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695654 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Rehberg For Congress</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Dennis R. Rehberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695657 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jackie Speier For Congress</p> <p>Mailing Address Post Office Box 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jackie Speier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695661 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Defazio For Congress <hr/> Mailing Address PO Box 1316 <hr/> City Springfield State OR Zip Code 97477 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Peter Anthony DeFazio <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18695679 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Bill Owens For Congress <hr/> Mailing Address PO Box 1575 <hr/> City Plattsburgh State NY Zip Code 12901 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Bill Owens <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18695680 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Citizens To Elect Phil Roe To Congress <hr/> Mailing Address PO Box 3218 <hr/> City Johnson City State TN Zip Code 37602 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. David Roe <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18695681 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<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) Steve Cohen For Congress</p> <p>Mailing Address 349 Kenilworth Place</p> <p>City Memphis State TN Zip Code 38112</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Stephen Ira Cohen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 09</p>	<p>Transaction ID: 18695685</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Chuck Fleischmann for Congress</p> <p>Mailing Address P.O. Box 11091 Suite 1000 James Building</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Charles Fleischmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 03</p>	<p>Transaction ID: 18695689</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 06</p>	<p>Transaction ID: 18695693</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Womack For Congress Finance Committee</p> <p>Mailing Address 314 W Walnut PO Box 508</p> <p>City Rogers State AR Zip Code 72757</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steve Womack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695695</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kansans For Huelskamp</p> <p>Mailing Address PO Box 410</p> <p>City Fowler State KS Zip Code 67844</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Timothy Huelskamp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695703</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate</p> <p>Mailing Address P.O. Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Sen. Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695704</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2012 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

A.	Full Name (Last, First, Middle Initial) McDowell for Congress Committee	Transaction ID: 18695711 Date of Disbursement
	Mailing Address P.O. Box 913	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sault Ste. Marie State MI Zip Code 49783	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Mr. Gary McDowell	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	Transaction ID: 18695717 Date of Disbursement
	Mailing Address PO Box 326	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Everett State WA Zip Code 98206	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name Rep. Rick Larsen	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert	Transaction ID: 18695722 Date of Disbursement
	Mailing Address P. O. Box 53322	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bellevue State WA Zip Code 98015	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name Rep. David George Reichert	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Brian Bilbray For Congress</p> <p>Mailing Address 991c Lomas Santa Fe Drive # 192</p> <p>City Solana Beach State CA Zip Code 92075</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Brian P. Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695723 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>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 Contribution 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: 18695725 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 50 S. Providence Road PO Box 308</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18695729 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6100.00

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)
Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City State Zip Code
Roanoke VA 24002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert W. Goodlatte

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18695732
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Boucher For Congress Committee

Mailing Address P.O. Box 2000

City State Zip Code
Abingdon VA 24212

Purpose of Disbursement
Contribution

Candidate Name
Mr. Rick Boucher

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18695735
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Kind For Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18695981
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Democrats Win Seats PAC</p> <p>Mailing Address 1071 Turin Branch Lane</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democrats Win Seats PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18696448 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Childers For Congress</p> <p>Mailing Address PO Box 177</p> <p>City Booneville State MS Zip Code 38829</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Travis Wayne Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18696449 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18696451 Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<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)
Adam Smith For Congress Committee

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement
Contribution

Candidate Name
Rep. D. Adam Smith

Office Sought: House
 Senate
 President

State: WA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18696453

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Contribution

B. Full Name (Last, First, Middle Initial)
Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven C. LaTourette

Office Sought: House
 Senate
 President

State: OH District: 14

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18696485

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Contribution

C. Full Name (Last, First, Middle Initial)
Serving America's Citizens - SAC PAC

Mailing Address PO Box 455

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Void of 10/2010 Disbursement

Candidate Name
Serving America's Citizens - SAC PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 18700594

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

-2500.00

011
Category/
Type

Void of 10/2010 Disbursement

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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) Kirk For Senate Mailing Address P.O. Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Void of 9/2010 Disbursement Candidate Name Sen. Mark Steven Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010	Transaction ID: 18700607 Date of Disbursement 11 / 01 / 2010	Amount of Each Disbursement this Period -4000.00 Void of 9/2010 Disbursement
B.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey Mailing Address P. O. Box 360877 City Melbourne State FL Zip Code 32936 Purpose of Disbursement Void of 7/2010 Disbursement Candidate Name Rep. Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18723064 Date of Disbursement 11 / 05 / 2010	Amount of Each Disbursement this Period -1500.00 Void of 7/2010 Disbursement
C.	Full Name (Last, First, Middle Initial) Collins For Senate Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402 Purpose of Disbursement 2014 Contribution Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18726010 Date of Disbursement 11 / 08 / 2010	Amount of Each Disbursement this Period 1000.00 2014 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

-4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Friends Of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2012 Contribution

Candidate Name
Sen. Sherrod Brown

Office Sought: House
 Senate
 President

State: OH District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18726014
Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2012 Contribution

B.

Full Name (Last, First, Middle Initial)
Forward Together PAC

Mailing Address 201 N. Union Street
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2010 Contribution

Candidate Name
Forward Together PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 18755106
Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

2010 Contribution

C.

Full Name (Last, First, Middle Initial)
Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement
2012 Contribution

Candidate Name
Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

State: MN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18755111
Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

2012 Contribution

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) Denham For Congress</p> <p>Mailing Address 2150 River Plaza Dr #150</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Jeff Denham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 19</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: 18755114</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Gardner For Congress</p> <p>Mailing Address PO Box 2408</p> <p>City Loveland State CO Zip Code 80539</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Cory Gardner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 04</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: 18755116</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Rep. Dennis Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18755117</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>2012 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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) Dold For Congress</p> <p>Mailing Address PO Box 8145</p> <p>City Northfield State IL Zip Code 60093</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Robert Dold</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re</p> <p>State: IL District: 10</p>	<p>Transaction ID: 18755118 Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kansans For Huelskamp</p> <p>Mailing Address PO Box 410</p> <p>City Fowler State KS Zip Code 67844</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Timothy Huelskamp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re</p> <p>State: KS District: 01</p>	<p>Transaction ID: 18755119 Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Huizenga For Congress</p> <p>Mailing Address 441 William Court</p> <p>City Zeeland State MI Zip Code 49464</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. William Huizenga</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re</p> <p>State: MI District: 02</p>	<p>Transaction ID: 18755123 Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Joe Heck <hr/> Mailing Address PO Box 750114 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Joe Heck Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Transaction ID: 18755181 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Contribution
B.	Full Name (Last, First, Middle Initial) Friends Of Frank Guinta <hr/> Mailing Address P.O. Box 877 <hr/> City Manchester State NH Zip Code 03105 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Frank Guinta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Transaction ID: 18755192 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution
C.	Full Name (Last, First, Middle Initial) Bass Victory Committee <hr/> Mailing Address PO Box 3451 <hr/> City Concord State NH Zip Code 03302 <hr/> Purpose of Disbursement 2012 Contribution Candidate Name Mr. Charles Bass Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18755206 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2012 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. 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 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</p> <p>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: 18755207</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Hanna For Congress</p> <p>Mailing Address 2308 Genesee Street</p> <p>City Utica State NY Zip Code 13502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Richard Hanna</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 24</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: 18755210</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. 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 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</p> <p>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: 18755221</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Chris Gibson For Congress</p> <p>Mailing Address PO Box 247</p> <p>City Kinderhook State NY Zip Code 12106</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Chris Gibson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</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: 18755223</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Kelly For Congress</p> <p>Mailing Address PO Box 476</p> <p>City Lyndora State PA Zip Code 16045</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. George Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA 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: 18755236</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jeff Duncan For Congress</p> <p>Mailing Address PO Box 732</p> <p>City Clinton State SC Zip Code 29325</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jeff Duncan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC 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: 18755237</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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) Chuck Fleischmann for Congress	Transaction ID: 18755238 Date of Disbursement 11 / 16 / 2010
	Mailing Address P.O. Box 11091 Suite 1000 James Building	Amount of Each Disbursement this Period 2000.00
	City Chattanooga State TN Zip Code 37401	
	Purpose of Disbursement Contribution Candidate Name Mr. Charles Fleischmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Contribution

B.	Full Name (Last, First, Middle Initial) Diane Black For Congress	Transaction ID: 18755240 Date of Disbursement 11 / 16 / 2010
	Mailing Address 819 Plantation Blvd	Amount of Each Disbursement this Period 2000.00
	City Gallatin State TN Zip Code 37066	
	Purpose of Disbursement Contribution Candidate Name Rep. Diane Black Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Contribution

C.	Full Name (Last, First, Middle Initial) Bill Flores For Congress	Transaction ID: 18755241 Date of Disbursement 11 / 16 / 2010
	Mailing Address PO Box 6207	Amount of Each Disbursement this Period 5000.00
	City Bryan State TX Zip Code 77805	
	Purpose of Disbursement Contribution Candidate Name Rep. Bill Flores Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Contribution

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Jaime Herrera For Congress</p> <p>Mailing Address PO Box 1614</p> <p>City Ridgefield State WA Zip Code 98642</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Jaime Herrera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA 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: 18755243 Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Votetipton.Com</p> <p>Mailing Address PO Box 846</p> <p>City Cortez State CO Zip Code 81321</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Scott Tipton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO 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: 18755245 Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hartzler for Congress</p> <p>Mailing Address PO Box 531</p> <p>City Harrisonville State MO Zip Code 64701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Vicky Hartzler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04</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: 18755359 Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	161350.00

**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)

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<input 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 checked="" 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)
McNerney For Congress

Transaction ID: 18726012

Date of Disbursement

Mailing Address 6520 Village Parkway
Second Floor

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

City State Zip Code
Dublin CA 94568

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
2010 Recount Donation

011

Category/
Type

Candidate Name
Rep. Jerry McNerney

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

2010 Recount Donation

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
GMMB

Mailing Address
1010 Wisconsin Ave NW
Suite 800

City Washington State DC Zip Code 20007

Purpose of Expenditure
TV Advertising and Production
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Dennis A. Cardoza

Calendar Year-To-Date Per Election for Office Sought 119092.00

Date
10 / 15 / 2010

Amount
119092.00

Transaction ID: 18672731

Office Sought: House State: CA
 Senate District: 18
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
McCarthy Marcus Hennings, Ltd.

Mailing Address
1850 M Street, NW
Suite 235

City Washington State DC Zip Code 20036

Purpose of Expenditure
Television Production
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Patrick J. Tiberi

Calendar Year-To-Date Per Election for Office Sought 5183.48

Date
10 / 19 / 2010

Amount
5183.48

Transaction ID: 18781064

Office Sought: House State: OH
 Senate District: 12
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	124275.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date 05 / 17 / 2011

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McCarthy Marcus Hennings, Ltd.

Mailing Address
1850 M Street, NW
Suite 235

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure Television Production	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Lee Terry

Calendar Year-To-Date Per Election for Office Sought	5093.48
---	---------

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
5093.48

Transaction ID: 18781202

Office Sought: House State: NE
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Mentzer Media

Mailing Address
600 Fairmount Avenue
Suite 306

City Towson	State MD	Zip Code 21286
----------------	-------------	-------------------

Purpose of Expenditure Television Advertising	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Lee Terry

Calendar Year-To-Date Per Election for Office Sought	83493.48
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
78400.00

Transaction ID: 18780598

Office Sought: House State: NE
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	83493.48
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mentzer Media

Mailing Address
600 Fairmount Avenue
Suite 306

City Towson	State MD	Zip Code 21286
----------------	-------------	-------------------

Purpose of Expenditure Television Advertising	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Patrick J. Tiberi

Calendar Year-To-Date Per Election for Office Sought	126783.48
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
121600.00

Transaction ID: 18780835

Office Sought: House State: OH
 Senate District: 12
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Multi Media Services Corporation

Mailing Address
915 King Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure TV & Radio Advertising & Production	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. James W. Gerlach

Calendar Year-To-Date Per Election for Office Sought	106000.00
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
106000.00

Transaction ID: 18682157

Office Sought: House State: PA
 Senate District: 06
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	227600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Multi Media Services Corporation

Mailing Address
915 King Street

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Radio Advertising & Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Charles W. Dent

Calendar Year-To-Date Per Election for Office Sought 35000.00

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
35000.00

Transaction ID: 18683637

Office Sought: House State: PA
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
OnMessage Inc.

Mailing Address
815 Slaters Lane

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Radio Advertising & Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Sen. Mark Steven Kirk

Calendar Year-To-Date Per Election for Office Sought 123500.00

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
123500.00

Transaction ID: 18681887

Office Sought: House State: IL
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	158500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
Mailing Address 915 King Street		Amount 65000.00
City State Zip Code Alexandria VA 22314		Transaction ID: 18685039
Purpose of Expenditure Television Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Rep. Charles W. Dent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		2010
		100000.00

(a) SUBTOTAL of Itemized Independent Expenditures	65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	658868.96
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Melinda Hatton Signature	Date M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1