

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW

Check if different than previously reported. (ACC)

Suite 700

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / 2011 through / / 2011

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

/ / 01 / 23 / 2012

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

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		1836473.19
(b) Cash on Hand at Beginning of Reporting Period.....	2807550.20	
(c) Total Receipts (from Line 19)	143678.61	1793690.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2951228.81	3630163.83
7. Total Disbursements (from Line 31).....	70238.66	749173.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2880990.15	2880990.15
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: / / To: / /

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).....	99712.54	820097.85
(ii) Unitemized	33574.82	332659.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	133287.36	1152757.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	133287.36	1162757.71
12. Transfers From Affiliated/Other Party Committees.....	10153.85	621988.85
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	1334.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	237.40	2109.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	143678.61	1793690.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	143678.61	1793690.64

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	238.66	3973.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	238.66	3973.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	744950.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(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	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70238.66	749173.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70238.66	749173.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	133287.36	1162757.71
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	133287.36	1162507.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	238.66	3973.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	238.66	2639.16

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

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

FOR LINE NUMBER: PAGE 6 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 9063 Tower House Place

City State Zip Code
Alexandria VA 22308-2758

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

Name of Employer Occupation
Southern Maryland Hospital Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 19505697

Amount of Each Receipt this Period
255.00

Full Name (Last, First, Middle Initial)
B. Ms. Beverly L. Miller

Mailing Address 1906 Autumn Frost Lane

City State Zip Code
Baltimore MD 21209-1106

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

Name of Employer Occupation
Maryland Hospital Association Senior Vice President, Professional Ac

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 19505699

Amount of Each Receipt this Period
255.00

Full Name (Last, First, Middle Initial)
C. Ms Valerie Shearer Overton

Mailing Address 203 Birch Run Road

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Maryland Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 19505700

Amount of Each Receipt this Period
255.00

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: (check only one)	PAGE 7 OF 128
	<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. Mr. Walter Jim Reiter
Full Name (Last, First, Middle Initial)

Mailing Address 580 Wayward Court

City Annapolis State MD Zip Code 21401-6746

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

Name of Employer Maryland Hospital Association Occupation Senior Vice President Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 03 / 2011
Transaction ID : 19505701

Amount of Each Receipt this Period 255.00

B. Mr. Raymond F Fredericks
Full Name (Last, First, Middle Initial)

Mailing Address 302 Brooklyn Boulevard

City Sea Girt State NJ Zip Code 08750-2001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 04 / 2011
Transaction ID : 19505702

Amount of Each Receipt this Period 1125.00

C. Mr. Michael R D'Agnes
Full Name (Last, First, Middle Initial)

Mailing Address 530 New Brunswick Avenue

City Perth Amboy State NJ Zip Code 08861-3654

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

Name of Employer Raritan Bay Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 04 / 2011
Transaction ID : 19505703

Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1755.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 128
	<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. Ms. Belinda Brown Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Clear Creek Road
 City Langhorne State PA Zip Code 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 19505704
 Amount of Each Receipt this Period
 180.00

B. Mr. J Steve Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 579
 City Afton State WY Zip Code 83110-0579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto Created Organization 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 Y
 11 / 03 / 2011
Transaction ID : 19505740
 Amount of Each Receipt this Period
 250.00

C. Ms. Anne E. Cramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Packard Road
 City Jericho State VT Zip Code 05465-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vermont Association of Hospitals & Hea Occupation Legal Counsel VTHA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 19523787
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 9 OF 128
	<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. Mr. Peter L Gosline
Full Name (Last, First, Middle Initial)
Mailing Address 452 Old Street Road

City Peterborough	State NH	Zip Code 03458-1295
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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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

Transaction ID : 19523797

Amount of Each Receipt this Period
350.00

B. Mr. Robert Burns
Full Name (Last, First, Middle Initial)
Mailing Address 213 South Jefferson Street

City Roanoke	State VA	Zip Code 24011-1705
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation Vice President
-------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Transaction ID : 19523825

Amount of Each Receipt this Period
350.00

C. Mr. Don Halliwill
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 5

City Radford	State VA	Zip Code 24143-0005
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation Vice President, Finance
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Transaction ID : 19523826

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 10 OF 128
(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. Mr. Neal McKnight
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Campus Blvd.
 City Winchester State VA Zip Code 22601-2888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Health System Occupation Director, Patient Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 19523827
 Amount of Each Receipt this Period
 350.00

B. Ms. Debra Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 844 State Highway U
 City Caruthersville State MO Zip Code 63830-9131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pemiscot Memorial Health System Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 19523839
 Amount of Each Receipt this Period
 250.00

C. Mr. Kerry L. Noble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Lynndale
 City Kennett State MO Zip Code 63857-4035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pemiscot Memorial Health System Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 19523842
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 128
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael A Baumgartner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 St. Francis Avenue
 City Shakopee State MN Zip Code 55379-3374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Regional Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011
Transaction ID : 19523848
 Amount of Each Receipt this Period
 250.00

B. Mr. Brendan Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2136 Ford Parkway Ste. 186
 City Saint Paul State MN Zip Code 55116-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicalis Occupation Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011
Transaction ID : 19523849
 Amount of Each Receipt this Period
 100.00

C. Ms. Denise Dillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3655 Washington Street
 City Gary State IN Zip Code 46408-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospitals Occupation Hospital VP Government and External Af
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 19523871
 Amount of Each Receipt this Period
 500.00

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 12 OF 128
	<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. Dr. John Griep MD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1220

City Valparaiso State IN Zip Code 46384-1220

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

Name of Employer St. Catherine Hospital Occupation Chief Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2011

Transaction ID : 19523884

Amount of Each Receipt this Period
250.00

B. Mr. Mark E Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2696 Ciana Court

City Bloomington State IN Zip Code 47401-8358

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

Name of Employer Indiana University Health Bloomington Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2011

Transaction ID : 19523913

Amount of Each Receipt this Period
250.00

C. Ms. Robyn L. Powell
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Orchard Rd.

City Marion State IN Zip Code 46952-1133

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

Name of Employer Marion General Hospital Occupation 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 Y
11 / 07 / 2011

Transaction ID : 19523919

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 13 OF 128
	<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. Mr. Donald Powers
Full Name (Last, First, Middle Initial)
Mailing Address 1501 Muirfield

City Dyer	State IN	Zip Code 46311-1258
--------------	-------------	------------------------

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

Name of Employer Community Healthcare System	Occupation Chairman, President and Chief Executiv
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

Transaction ID : 19523920

Amount of Each Receipt this Period
250.00

B. Mr. Mike Schroyer
Full Name (Last, First, Middle Initial)
Mailing Address 9065 Pebblepointe Circle

City Zionsville	State IN	Zip Code 46077-8992
--------------------	-------------	------------------------

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

Name of Employer St. Vincent Heart Center of Indiana	Occupation Chief Operating Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

Transaction ID : 19523927

Amount of Each Receipt this Period
125.00

C. Mr. Thomas J VanOsdol
Full Name (Last, First, Middle Initial)
Mailing Address 13772 Wyandotte Place

City Fishers	State IN	Zip Code 46038-4500
-----------------	-------------	------------------------

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

Name of Employer Saint John's Health System	Occupation Hospital President
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

Transaction ID : 19523936

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6515 Greenridge Drive

City State Zip Code
Indianapolis IN 46278-2225

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

Name of Employer Occupation
St. Vincent Health Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 19523942

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532208

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. 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 Occupation
East Alabama Medical Center Assistant Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532209

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 15 OF 128
	<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. Ms. Laura W. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8897 Tara Lane
 City Auburn State AL Zip Code 36830-8247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Asst. Vice President/ Quality Manageme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532210
 Amount of Each Receipt this Period
 1000.00

B. Ms. Laura D. Grill BSN, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Pepperell Parkway
 City Opelika State AL Zip Code 36801-5422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Alabama Medical Center Occupation Executive Vice President and Administr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532211
 Amount of Each Receipt this Period
 1000.00

C. Ms. Sarah T. Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 Pheasant Dr
 City Opelika State AL Zip Code 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
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532212
 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 16 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Carey M. Owen

Mailing Address 2520 Springwood Drive

City Auburn State AL Zip Code 36830-7236

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

Name of Employer East Alabama Medical Center Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532215

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr. Michael Lisenby MD

Mailing Address 2000 Pepperell Parkway

City Opelika State AL Zip Code 36801-5452

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

Name of Employer East Alabama Medical Center Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532216

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Sam Price

Mailing Address 2000 Pepperell Parkway

City Opelika State AL Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532217

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 17 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Jane M. Fullum

Mailing Address 839 Millers Point Rd

City Auburn State AL Zip Code 36830-7628

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

Name of Employer East Alabama Medical Center Occupation Asst. Vice President Patient Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532218

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Ms. Susan Johnston

Mailing Address 2208 Heritage Dr

City Opelika State AL Zip Code 36804-7606

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

Name of Employer East Alabama Medical Center Occupation Asst. Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532219

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Mr. Dennis Thrasher

Mailing Address 2190 Springwood Drive

City Auburn State AL Zip Code 36830-7200

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

Name of Employer East Alabama Medical Center Occupation Asst. Vice President/Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011
Transaction ID : 19532221

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 18 OF 128
	<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. Mr. Christopher Clark
Full Name (Last, First, Middle Initial)

Mailing Address 13045 Sawyer Drive

City Opelika State AL Zip Code 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
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011

Transaction ID : 19532222

Amount of Each Receipt this Period
 1000.00

B. Ms. Carol Murphey
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Rocky Brook Rd.

City Opelika State AL Zip Code 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
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011

Transaction ID : 19532223

Amount of Each Receipt this Period
 1000.00

C. Ms. Roben H Nutter
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Pepperell Parkway

City Opelika State AL Zip Code 36801-5452

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

Name of Employer East Alabama Medical Center Occupation Assistant Vice President and General C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011

Transaction ID : 19532224

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 19 OF 128
	<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. Mr. Ken Lott
Full Name (Last, First, Middle Initial)
Mailing Address 1567 Oak Hill Circle

City Auburn	State AL	Zip Code 36832-6798
----------------	-------------	------------------------

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

Name of Employer East Alabama Medical Center	Occupation Vice President, Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2011

Transaction ID : 19532225

Amount of Each Receipt this Period
1000.00

B. Ms. Patricia Davis
Full Name (Last, First, Middle Initial)
Mailing Address 4414 Manchester Court

City Norman	State OK	Zip Code 73072-3915
----------------	-------------	------------------------

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

Name of Employer Oklahoma Hospital Association	Occupation Executive Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

Transaction ID : 19532318

Amount of Each Receipt this Period
500.00

C. Ms. LaWanna S. Halstead RN, MPH
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Lincoln Boulevard

City Oklahoma City	State OK	Zip Code 73105-5207
-----------------------	-------------	------------------------

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

Name of Employer Oklahoma Hospital Association	Occupation VP, Quality & Clinical Initiatives
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

Transaction ID : 19532323

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 20 OF 128
	<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. Mr. C David Hill
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 827

City Madill State OK Zip Code 73446-0827

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

Name of Employer Integris Marshall County Medical Cente Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : 19532325

Amount of Each Receipt this Period
175.00

B. Mr. Rick Snyder
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Lincoln Boulevard

City Oklahoma City State OK Zip Code 73105-5207

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

Name of Employer Oklahoma Hospital Association Occupation Vice President, Finance & Information

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : 19532332

Amount of Each Receipt this Period
500.00

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

Mailing Address 7750 N Chisholm Hill Rd

City Yukon State OK Zip Code 73099-9134

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

Name of Employer Oklahoma Hospital Association Occupation VP Education & Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : 19532335

Amount of Each Receipt this Period
250.00

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 21 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 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 ▼ **357.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : 19532367

Amount of Each Receipt this Period
7.50

Full Name (Last, First, Middle Initial)
B. 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 Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : 19532372

Amount of Each Receipt this Period
7.50

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

Mailing Address 93 Matlack Drive

City Voorhees State NJ Zip Code 08043-4723

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

Name of Employer: Virtua Health Occupation: Vice President, Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : 19532376

Amount of Each Receipt this Period
750.00

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 22 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. 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 ▼
493.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : 19532379

Amount of Each Receipt this Period
7.50

Full Name (Last, First, Middle Initial)
B. Mr. Matt Zuino

Mailing Address 36 Moray Lane

City State Zip Code
Sewell NJ 08080-3074

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

Name of Employer Occupation
Virtua Health VP/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : 19532400

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City State Zip Code
Bellevue WA 98007-6493

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

Name of Employer Occupation
PeaceHealth President and Chief Mission Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532459

Amount of Each Receipt this Period
750.00

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 23 OF 128
	<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. Dr. Mark C. Adams MD
Full Name (Last, First, Middle Initial)
Mailing Address 1717 South J Street

City Tacoma	State WA	Zip Code 98405-4933
----------------	-------------	------------------------

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

Name of Employer Franciscan Health System	Occupation Vice President, Medical Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532460

Amount of Each Receipt this Period
500.00

B. Mr. David Brooks
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1147

City Everett	State WA	Zip Code 98206-1147
-----------------	-------------	------------------------

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

Name of Employer Providence Regional Medical Center Eve	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532461

Amount of Each Receipt this Period
500.00

C. Ms. Elaine Couture
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 2555

City Spokane	State WA	Zip Code 99220-2555
-----------------	-------------	------------------------

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

Name of Employer Providence Holy Family Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532462

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 24 OF 128
	<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

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

Mailing Address P O Box 1376

City State Zip Code
Mount Vernon WA 98273-1376

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

Name of Employer Occupation
Skagit Valley Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : 19532463

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Swedish Health Services Vice President, External 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 Y
11 / 11 / 2011
Transaction ID : 19532464

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. John T Evans Jr.

Mailing Address P O Box 1887

City State Zip Code
Wenatchee WA 98807-1887

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

Name of Employer Occupation
Central Washington 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 Y
11 / 11 / 2011
Transaction ID : 19532465

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 25 OF 128
(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. Mr. Harold S Geller
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 North 14th Avenue
 City Othello State WA Zip Code 99344-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Othello Community Hospital Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2011
Transaction ID : 19532466
 Amount of Each Receipt this Period 500.00

B. Dr. Gary Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 900
 City Seattle State WA Zip Code 98111-0900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Chairman and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2011
Transaction ID : 19532467
 Amount of Each Receipt this Period 500.00

C. Mr. Marcel C Loh
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 17th Avenue
 City Seattle State WA Zip Code 98122-5711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Medical Center-Cherry Hill Cam Occupation Senior Vice President and Chief Admini
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2011
Transaction ID : 19532468
 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 26 OF 128
	<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. Ms. Claudia R. Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 - 51st Avenue NE
 City Seattle State WA Zip Code 98105-4931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington State Hospital Association Occupation Sr. Vice President, Policy 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 Y
 11 / 11 / 2011
Transaction ID : 19532469
 Amount of Each Receipt this Period
500.00

B. Mr. Casey Woodard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 Courtney Place
 City Eugene State OR Zip Code 97405-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PeaceHealth Occupation Senior Vice President, Philanthropy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532470
 Amount of Each Receipt this Period
500.00

C. Mr. Glen Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 6128
 City Kennewick State WA Zip Code 99336-0128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennewick General Hospital Occupation 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 Y
 11 / 11 / 2011
Transaction ID : 19532657
 Amount of Each Receipt this Period
400.00

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 27 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 23123- 23rd Avenue

City State Zip Code
Brier WA 98036-8383

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

Name of Employer Occupation
Association of WA Public Hospital Dist Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532658

Amount of Each Receipt this Period
375.00

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

Mailing Address 2447 Phinney Bay Drive

City State Zip Code
Bremerton WA 98312-2729

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 ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532659

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
C. 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 Manager, Security Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532660

Amount of Each Receipt this Period
300.00

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 28 OF 128
	<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. Ms. Carol Aaron
Full Name (Last, First, Middle Initial)

Mailing Address 14432 SE Eastgate Way, Suite 300

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer PeaceHealth	Occupation Senior Vice President, Culture & Peopl
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532661

Amount of Each Receipt this Period
250.00

B. Mr. Peter Adler
Full Name (Last, First, Middle Initial)

Mailing Address 14432 SE Eastgate Way, Suite 300

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer PeaceHealth	Occupation Senior Vice President Strategy, Innova
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532664

Amount of Each Receipt this Period
250.00

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

Mailing Address 1100 Ninth Avenue

City Seattle	State WA	Zip Code 98101-2756
-----------------	-------------	------------------------

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

Name of Employer Virginia Mason Medical Center	Occupation Sr. Vice President, Chief Information
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532665

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 29 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. James R Barnhart

Mailing Address 400 Ninth Street

City State Zip Code
Florence OR 97439-7398

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

Name of Employer Occupation
PeaceHealth St. Joseph Medical Center Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : 19532666

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Andrew Busz

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Occupation
Washington State Hospital Association Director, Financial Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : 19532667

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Michael C 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 Occupation
Swedish Health Services Sr. Vice President, Chief Administrati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : 19532668

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 30 OF 128
	<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. Ms. Annette Cleveland
Full Name (Last, First, Middle Initial)
Mailing Address 1919 Northwest Lovejoy Street

City Portland	State OR	Zip Code 97209-1503
------------------	-------------	------------------------

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

Name of Employer Legacy Salmon Creek Medical Center	Occupation Government Affairs Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532669

Amount of Each Receipt this Period
250.00

B. Ms. Elaine Dunda
Full Name (Last, First, Middle Initial)
Mailing Address 3394 Hampton Way

City Eugene	State OR	Zip Code 97401-7085
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FEC ID number of contributing federal political committee. **C**

Name of Employer PeaceHealth	Occupation Senior Vice President
---------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532670

Amount of Each Receipt this Period
250.00

C. Mr. Forrest Ehlinger
Full Name (Last, First, Middle Initial)
Mailing Address 2520 Cherry Avenue

City Bremerton	State WA	Zip Code 98310-4229
-------------------	-------------	------------------------

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

Name of Employer Harrison Medical Center	Occupation Vice President and Chief Financial Off
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532671

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 31 OF 128
	<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. Mr. Stuart Hennessey
Full Name (Last, First, Middle Initial)

Mailing Address 14432 SE Eastgate Way, Suite 300

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer PeaceHealth	Occupation Senior Vice President Legal Affairs
---------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532672

Amount of Each Receipt this Period
250.00

B. Ms. Katie Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 14432 SE Eastgate Way, Ste. 30

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer Washington State Hospital Association	Occupation Senior Vice President
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532673

Amount of Each Receipt this Period
250.00

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

Mailing Address 12844 Military Road South

City Tukwila	State WA	Zip Code 98168-3045
-----------------	-------------	------------------------

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

Name of Employer Regional Hospital for Respiratory and	Occupation Chief Operating Officer and Chief Nurs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532674

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 32 OF 128
(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. Dr. Andrew Jacobs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 900
 City State Zip Code
 Seattle WA 98111-0900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Mason Medical Center 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 Y
 11 / 11 / 2011
Transaction ID : 19532675
 Amount of Each Receipt this Period
 250.00

B. Mr. David E Jaffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 21601 76th Avenue West
 City State Zip Code
 Edmonds WA 98026-7507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swedish/Edmonds Interim Chief Administrative Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532676
 Amount of Each Receipt this Period
 250.00

C. Ms. Jodi Joyce BSN, RN, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 Nw Lovejoy St
 City State Zip Code
 Portland OR 97209-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Legacy Health System Vice President, Quality and Patient Sa
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532679
 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 33 OF 128
	<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. Ms. Faye Lindquist
Full Name (Last, First, Middle Initial)
Mailing Address 14432 SE Eastgate Way, Ste. 30

City Bellevue	State WA	Zip Code 98007-6493
------------------	-------------	------------------------

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

Name of Employer PeaceHealth St. Joseph Medical Center	Occupation Vice President, 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
11	/	11	/	2011

Transaction ID : 19532680

Amount of Each Receipt this Period
250.00

B. Mr. Mark May
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1600

City Vancouver	State WA	Zip Code 98668-1600
-------------------	-------------	------------------------

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

Name of Employer PeaceHealth Southwest Medical Center	Occupation Vice President, Integration
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532681

Amount of Each Receipt this Period
250.00

C. Ms. Robert McCauley
Full Name (Last, First, Middle Initial)
Mailing Address 1107 North J Street

City Aberdeen	State WA	Zip Code 98520-2437
------------------	-------------	------------------------

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

Name of Employer Grays Harbor Community Hospital	Occupation Trustee
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532682

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 34 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Pam Palagi

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 Occupation
Swedish Health Services Assistant Corporate Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532683

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Dennis Popp

Mailing Address P O Box 218

City State Zip Code
Enumclaw WA 98022-0218

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

Name of Employer Occupation
St. Elizabeth Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532684

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Sharon Schermer

Mailing Address 317 W. 10th Street

City State Zip Code
Aberdeen WA 98520-2424

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

Name of Employer Occupation
Grays Harbor Community Hospital President, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532685

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 35 OF 128
	<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. Mr. Preston M Simmons
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1147

City Everett	State WA	Zip Code 98206-1147
-----------------	-------------	------------------------

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

Name of Employer Providence Regional Medical Center Eve	Occupation Chief Operating Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532686

Amount of Each Receipt this Period

250.00

B. Ms Carol Wagner
Full Name (Last, First, Middle Initial)
Mailing Address 300 Elliott Avenue West Suite 300

City Seattle	State WA	Zip Code 98119-4198
-----------------	-------------	------------------------

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

Name of Employer Washington State Hospital Association	Occupation Sr. Vice President Patient Safety Prog
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532687

Amount of Each Receipt this Period

250.00

C. Ms Dorothy Walton-Luglan
Full Name (Last, First, Middle Initial)
Mailing Address 723 Memorial Street

City Prosser	State WA	Zip Code 99350-1524
-----------------	-------------	------------------------

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

Name of Employer Prosser Memorial Hospital	Occupation Commissioner
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : 19532688

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 36 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Rand J Wortman

Mailing Address 888 Swift Boulevard

City State Zip Code
Richland WA 99352-3542

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

Name of Employer Occupation
Kadlec Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532689

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Andrew P. Bair

Mailing Address 801 East Wheeler Road

City State Zip Code
Moses Lake WA 98837-1820

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

Name of Employer Occupation
Samaritan Healthcare President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532871

Amount of Each Receipt this Period
225.00

Full Name (Last, First, Middle Initial)
C. Ms. Jenny Ulum

Mailing Address 975 Oak Suite 610

City State Zip Code
Eugene OR 97401-3152

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

Name of Employer Occupation
Sacred Heart Medical Center Director, Public Affairs & Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : 19532964

Amount of Each Receipt this Period
175.00

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: (check only one)	PAGE 37 OF 128
	<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. Ms. Nancy Foster
Full Name (Last, First, Middle Initial)
Mailing Address 10005 Leafy Avenue

City Silver Spring	State MD	Zip Code 20910-1021
-----------------------	-------------	------------------------

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

Name of Employer American Hospital Association-Washingt	Occupation Vice President, Quality & Patient Safe
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19532973

Amount of Each Receipt this Period
500.00

B. Mr. Stephen M. Ahnen
Full Name (Last, First, Middle Initial)
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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19532975

Amount of Each Receipt this Period
41.64

C. Ms. Paula Minnehan
Full Name (Last, First, Middle Initial)
Mailing Address 283 Gallopiny Hill Road

City Hopkinton	State NH	Zip Code 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19532976

Amount of Each Receipt this Period
14.50

SUBTOTAL of Receipts This Page (optional).....	556.14
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 OF 128
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Andrew Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 80 Highland Street

City Laconia	State NH	Zip Code 03246-3235
-----------------	-------------	------------------------

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

Name of Employer LRGhealthcare	Occupation Director, Contracting & Corp. Complan
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19532977

Amount of Each Receipt this Period
500.00

B. Mr. Kyle Kimmel
Full Name (Last, First, Middle Initial)
Mailing Address 302 S. Wayne Street

City Alma	State GA	Zip Code 31510-2922
--------------	-------------	------------------------

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

Name of Employer Bacon County Hospital and Health Syste	Occupation Chief Financial Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19532980

Amount of Each Receipt this Period
750.00

C. Mr. Wade Brewer
Full Name (Last, First, Middle Initial)
Mailing Address 608 East 20th Street

City Tifton	State GA	Zip Code 31794-3612
----------------	-------------	------------------------

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

Name of Employer Tift Regional Medical Center	Occupation Telecommunication Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19532988

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: (check only one)	PAGE 39 OF 128
	<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

Full Name (Last, First, Middle Initial) A. Mrs. Nina W Eisner		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2011 Transaction ID : 19533001
Mailing Address 3050 Rio Dosa Drive		Amount of Each Receipt this Period 315.00
City Lexington	State KY	Zip Code 40509-9990
FEC ID number of contributing federal political committee.	C	
Name of Employer Ridge Behavioral Health System	Occupation Chief Executive Officer and Managing D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Vicki A Darnell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2011 Transaction ID : 19533002
Mailing Address 217 South Third Street		Amount of Each Receipt this Period 250.00
City Danville	State KY	Zip Code 40422-1823
FEC ID number of contributing federal political committee.	C	
Name of Employer Ephraim McDowell Regional Medical Cent	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Geraldine F Burmeister		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 19537119
Mailing Address P O Box 339		Amount of Each Receipt this Period 250.00
City Windom	State MN	Zip Code 56101-0339
FEC ID number of contributing federal political committee.	C	
Name of Employer Windom Area Hospital	Occupation Chief Executive Officer	
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).....▶	815.00
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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. 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 ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : 19537123

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
B. Mr. Bill 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 M / D D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : 19537129

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
C. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City State Zip Code
Saint Paul MN 55114-1907

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

Name of Employer Occupation
Minnesota Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : 19537133

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 41 OF 128
<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. Ms. Laura Neiberg
Full Name (Last, First, Middle Initial)

Mailing Address 362 Satinwood Court North

City Buffalo Grove	State IL	Zip Code 60089-6611
-----------------------	-------------	------------------------

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

Name of Employer Advocate Good Samaritan Hospital	Occupation Director, Community & Org Health and R
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19537374

Amount of Each Receipt this Period
275.00

B. Mr. Kevin P Poorten
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 707

City Dekalb	State IL	Zip Code 60115-0707
----------------	-------------	------------------------

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

Name of Employer Kish Health System	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19537375

Amount of Each Receipt this Period
500.00

C. Mr. Robert G Senneff
Full Name (Last, First, Middle Initial)

Mailing Address 210 West Walnut Street

City Canton	State IL	Zip Code 61520-2497
----------------	-------------	------------------------

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

Name of Employer Graham Hospital	Occupation President and Chief Executive Officer
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2011

Transaction ID : 19537377

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

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

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FOR LINE NUMBER: PAGE 42 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 28 W 675 National Rd

City State Zip Code
West Chicago IL 60185

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

Name of Employer Occupation
Advocate Good Samaritan Hospital Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011
Transaction ID : 19537388

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Timothy Butler

Mailing Address 1638 N. 5th Street

City State Zip Code
Springfield IL 62702-2645

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

Name of Employer Occupation
St. John's Hospital Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011
Transaction ID : 19537393

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. 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 Occupation
Hospital Sisters Health System 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 Y
 11 / 14 / 2011
Transaction ID : 19537396

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: PAGE 43 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 58 Glen Eagle Drive

City Springfield State IL Zip Code 62246-1156

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

Name of Employer Hospital Sisters Health System Occupation System Director of Communications & PR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : 19537406

Amount of Each Receipt this Period
500.00

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

Mailing Address P O Box 19456

City Springfield State IL Zip Code 62794-9456

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 ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : 19537409

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Maureen A Kahn

Mailing Address P O Box 7005

City Quincy State IL Zip Code 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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : 19537412

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 44 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. 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 Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **329.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 19537425

Amount of Each Receipt this Period
2.00

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

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 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 ▼ **498.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 19537427

Amount of Each Receipt this Period
4.08

Full Name (Last, First, Middle Initial)
C. Mr. Dennis D. Colling

Mailing Address 800 Boylston Street
Suite 1150

City Boston State MA Zip Code 02199-8010

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

Name of Employer Partners HealthCare System, Inc. Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : 19537564

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **381.08**

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 OF 128
(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. Dr. Gary L Gottlieb
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Boylston Street, Suite 1150
 City Boston State MA Zip Code 02199-8123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners HealthCare System, Inc. Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : 19537566
 Amount of Each Receipt this Period
 750.00

B. Mr. Peter K Markell
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Boylston Street, Suite 1150
 City Boston State MA Zip Code 02199-8123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners HealthCare System, Inc. Occupation Vice President Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : 19537567
 Amount of Each Receipt this Period
 375.00

C. Dr. Elizabeth Nabel
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Francis Street
 City Boston State MA Zip Code 02115-6110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Women's Hospital Occupation 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
 11 / 17 / 2011
Transaction ID : 19537568
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00
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 OF 128
(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. Dr. Scott L Rauch
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Mill Street
 City Belmont State MA Zip Code 02478-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLean Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 17 / 2011
Transaction ID : 19537569
 Amount of Each Receipt this Period 375.00

B. Mr. Allen Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Alderbrook Drive
 City Topsfield State MA Zip Code 01983-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Women's Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 17 / 2011
Transaction ID : 19537570
 Amount of Each Receipt this Period 375.00

C. Mr. Douglas E Bentz
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Seneca Valley Estates
 City Sissonville State WV Zip Code 25320-9781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roane General Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 08 / 2011
Transaction ID : 19545803
 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 47 OF 128
	<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

Full Name (Last, First, Middle Initial) A. Mr. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : 19545805
Mailing Address 125 Airport Road		Amount of Each Receipt this Period 41.64
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.64	

Full Name (Last, First, Middle Initial) B. Ms. Paula Minnehan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : 19545806
Mailing Address 283 Gallopiny Hill Road		Amount of Each Receipt this Period 14.50
City Hopkinton	State NH	Zip Code 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.50	

Full Name (Last, First, Middle Initial) C. Mr. James J Xinis		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2011 Transaction ID : 19546194
Mailing Address 8430 Meadowview Circle		Amount of Each Receipt this Period 408.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

SUBTOTAL of Receipts This Page (optional).....▶	464.14
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 48 OF 128
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. N Travis Clark
Full Name (Last, First, Middle Initial)

Mailing Address 200 Memorial Drive

City Luray State VA Zip Code 22835-1005

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

Name of Employer Page Memorial Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011

Transaction ID : 19546195

Amount of Each Receipt this Period
 350.00

B. Ms. Joan Roscoe
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 3340

City Winchester State VA Zip Code 22604-1334

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

Name of Employer Valley Health System Occupation Chief Information 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 Y
 11 / 17 / 2011

Transaction ID : 19546196

Amount of Each Receipt this Period
 350.00

c. Mr. Terri Spence
Full Name (Last, First, Middle Initial)

Mailing Address 4720 Skip Jack CT

City Virginia Beach State VA Zip Code 23464-6309

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

Name of Employer Bon Secours Health System, Inc. Occupation Director Information Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011

Transaction ID : 19546197

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: (check only one)	PAGE 49 OF 128
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Roderick Williams
Full Name (Last, First, Middle Initial)

Mailing Address 19434 Valleybrook Lane

City Leesburg State VA Zip Code 20175-8988

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

Name of Employer Inova Health System Occupation VP/ Community Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2011

Transaction ID : 19546198

Amount of Each Receipt this Period
 350.00

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

Mailing Address 1268 Pomegranate Lane

City Golden State CO Zip Code 80401-9222

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

Name of Employer Colorado Hospital Association Occupation Director Data Bank Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2011

Transaction ID : 19546199

Amount of Each Receipt this Period
 125.00

C. Ms. Gail Finley MHA
Full Name (Last, First, Middle Initial)

Mailing Address 7335 East Orchard Road Suite 100

City Greenwood Village State CO Zip Code 80111-2582

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

Name of Employer Colorado Hospital Association Occupation VP Policy Analysis & Strategic Plannin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2011

Transaction ID : 19546200

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Sandy Merrill

Mailing Address 2776 E. Irish Place

City State Zip Code
Centennial CO 80122-3321

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

Name of Employer Occupation
Colorado Hospital Association Director of Education & Member Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : 19546201

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Ms. Crystal Berumen

Mailing Address 7335 East Orchard Rd, Ste 100

City State Zip Code
Greenwood Village CO 80111-2512

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

Name of Employer Occupation
Colorado Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : 19546202

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
c. Ms. Deborah L. Watson FACHE

Mailing Address 77 Brynberry Court

City State Zip Code
Magnolia DE 19962-1596

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

Name of Employer Occupation
Bayhealth Medical Center Vice President for Southern Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 19546738

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00

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 OF 128
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul Lakeman
Full Name (Last, First, Middle Initial)

Mailing Address 640 South State Street

City Dover State DE Zip Code 19901-3597

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

Name of Employer Bayhealth Medical Center Occupation Senior Vice President, Government Rela

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 18 / 2011
Transaction ID : 19546739

Amount of Each Receipt this Period
250.00

B. Dr. Dwayne K. Crabtree
Full Name (Last, First, Middle Initial)

Mailing Address 11575 Forest Lake Drive

City Rolla State MO Zip Code 65401-7305

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

Name of Employer Phelps County Regional Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 17 / 2011
Transaction ID : 19546746

Amount of Each Receipt this Period
500.00

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

Mailing Address 1000 West Tenth Street

City Rolla State MO Zip Code 65401-2905

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

Name of Employer Phelps County Regional Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 17 / 2011
Transaction ID : 19546747

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 52 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1805 Braeburn Drive

City Carmel State IN Zip Code 46032-8364

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2011
Transaction ID : 19546848

Amount of Each Receipt this Period
250.00

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

Mailing Address 10125 Silver Lake Court

City Fort Wayne State IN Zip Code 46825-7252

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

Name of Employer Parkview Health Occupation Hospital President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2011
Transaction ID : 19546888

Amount of Each Receipt this Period
500.00

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

Mailing Address 9065 Pebblepointe Circle

City Zionsville State IN Zip Code 46077-8992

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

Name of Employer St. Vincent Heart Center of Indiana Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2011
Transaction ID : 19546893

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **875.00**

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 53 OF 128
	<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

Full Name (Last, First, Middle Initial) A. Mr. Fred M DeGrandis		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 Transaction ID : 19546949
Mailing Address 18101 Lorain Avenue		Amount of Each Receipt this Period 510.00
City Cleveland	State OH	Zip Code 44111-5612
FEC ID number of contributing federal political committee. C		
Name of Employer Cleveland Clinic Health System	Occupation Chair, Community Physician Partnership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. Mr. Brent Carson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 Transaction ID : 19547283
Mailing Address 1783 Farris Garden Path		Amount of Each Receipt this Period 250.00
City Westlake	State OH	Zip Code 44145-2067
FEC ID number of contributing federal political committee. C		
Name of Employer University Hospitals Case Medical Cent	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Heidi Gartland		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 Transaction ID : 19547284
Mailing Address 7604 Andover Way		Amount of Each Receipt this Period 250.00
City Hudson	State OH	Zip Code 44236-4616
FEC ID number of contributing federal political committee. C		
Name of Employer University Hospitals	Occupation Vice President Government Relations	
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).....▶	510.00
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 54 OF 128
	<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. Mr. Dolan Dalpoas
Full Name (Last, First, Middle Initial)

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 ▼ 250.00

Date of Receipt 11 / 16 / 2011
Transaction ID : 19550555

Amount of Each Receipt this Period 250.00

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

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 Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2011
Transaction ID : 19550556

Amount of Each Receipt this Period 500.00

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

Mailing Address 385 Millennium Drive

City Crystal Lake State IL Zip Code 60012-3761

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

Name of Employer Centegra Health System Occupation Senior Vice President of Human Resourc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2011
Transaction ID : 19550557

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 55 OF 128
	<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. Dr. James C Leonard , M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19550558
 Amount of Each Receipt this Period
 500.00

B. Dr. Ted Lorenc MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 Millennium Drive
 City Crystal Lake State IL Zip Code 60012-3761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centegra Health System Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19550561
 Amount of Each Receipt this Period
 250.00

C. Ms. Angela McAuley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Winston Circle
 City Woodstock State IL Zip Code 60098-3678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centegra Hospital - Woodstock Occupation Director, Risk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19550563
 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 56 OF 128
(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. Mr. Robert Rosenberger
 Full Name (Last, First, Middle Initial)
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19550564
 Amount of Each Receipt this Period
 250.00

B. Mr. Jason Sciarro
 Full Name (Last, First, Middle Initial)
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19550565
 Amount of Each Receipt this Period
 500.00

C. Mr. Don Shadensack
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Westport Road
 City State Zip Code
 Galesburg IL 61401-9523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSF St. Mary Medical Center Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19552253
 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 57 OF 128
	<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. Mr. Aaron T Shepley
Full Name (Last, First, Middle Initial)

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3740

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

Name of Employer Occupation
Centegra Health System Senior Vice President and General Coun

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2011
Transaction ID : 19552254

Amount of Each Receipt this Period
250.00

B. Mr. Harry Wolin
Full Name (Last, First, Middle Initial)

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2011
Transaction ID : 19552268

Amount of Each Receipt this Period
500.00

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

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2011
Transaction ID : 19552269

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 58 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Terri L. Allen
 Full Name (Last, First, Middle Initial)
 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 ▼ 344.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19552271
 Amount of Each Receipt this Period
 344.00

B. Mr. Mark Deaton
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 North Hayes
 City Oak Park State IL Zip Code 60302-1706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Hospital Association Occupation Sr. VP, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19552802
 Amount of Each Receipt this Period
 354.00

C. Ms. Nancy DeMarco
 Full Name (Last, First, Middle Initial)
 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 of Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19552804
 Amount of Each Receipt this Period
 344.00

SUBTOTAL of Receipts This Page (optional).....▶	1042.00
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 59 OF 128
	<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. Ms. Lois DeTraglia
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 E. Warrenville 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 Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19554382
 Amount of Each Receipt this Period
 230.00

B. Ms. Ann C. Guild
 Full Name (Last, First, Middle Initial)
 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 ▼ 229.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19554385
 Amount of Each Receipt this Period
 229.00

C. Mr. Ed Holtzhauer
 Full Name (Last, First, Middle Initial)
 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 Vice President, IL Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19554388
 Amount of Each Receipt this Period
 344.00

SUBTOTAL of Receipts This Page (optional).....▶	803.00
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 60 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Teresa Hursey

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 Vice President of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
344.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19554389

Amount of Each Receipt this Period
344.00

Full Name (Last, First, Middle Initial)
B. Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
344.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19554395

Amount of Each Receipt this Period
344.00

Full Name (Last, First, Middle Initial)
C. Ms. Pat Merryweather

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 Senior Vice President of Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
344.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : 19554404

Amount of Each Receipt this Period
344.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1032.00

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 61 OF 128
	<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. Ms. Lori Williams
Full Name (Last, First, Middle Initial)
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
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 344.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2011
Transaction ID : 19554434
Amount of Each Receipt this Period
344.00

B. Mr. Leonard Hernandez
Full Name (Last, First, Middle Initial)
Mailing Address 445 Hilltop Street
City Elkhart State KS Zip Code 67950-0937
FEC ID number of contributing federal political committee. **C**
Name of Employer Morton County Health System Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19556365
Amount of Each Receipt this Period
500.00

C. Mr. Greg Lundstrom
Full Name (Last, First, Middle Initial)
Mailing Address 605 West Lincoln Street
City Lindsborg State KS Zip Code 67456-2328
FEC ID number of contributing federal political committee. **C**
Name of Employer Kansas Hospital Association Occupation 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 Y Y
11 / 30 / 2011
Transaction ID : 19556373
Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 62 OF 128
	<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. Rick Nader
Full Name (Last, First, Middle Initial)

Mailing Address 620 W. Eighth,
P.O. Box 376

City Kinsley State KS Zip Code 67547-2329

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

Name of Employer Edwards County Hospital and Healthcare Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19556377

Amount of Each Receipt this Period
250.00

B. Mrs. Jodi A. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 1902 S. U.S. Hwy. 59P.O. Box 956

City Parsons State KS Zip Code 67357-0956

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

Name of Employer Labette Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 671.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19556385

Amount of Each Receipt this Period
671.00

C. Mr. Michael A Franklin , FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 11418 Newport Bay Drive

City Berlin State MD Zip Code 21811-9642

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

Name of Employer Atlantic General Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19556399

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional).....▶	1176.00
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 63 OF 128
	<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. Mr. Thomas A Kleinhanzl
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Saratoga Springs Court

City Middletown State MD Zip Code 21769-8110

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19556404

Amount of Each Receipt this Period 391.00

B. Ms. Stacy Barstad
Full Name (Last, First, Middle Initial)

Mailing Address 251 Fifth Street East

City Tracy State MN Zip Code 56175-1536

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

Name of Employer Sanford Tracy Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.50

Date of Receipt 11 / 28 / 2011
Transaction ID : 19556653

Amount of Each Receipt this Period 42.50

c. Mr. Chad D Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 800 East Dakota Avenue

City Pierre State SD Zip Code 57501-3313

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

Name of Employer St. Gabriel's Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2011
Transaction ID : 19556654

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.50

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 64 OF 128
	<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

Full Name (Last, First, Middle Initial) A. Dr. Robert J Laskowski			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2011 Transaction ID : 19556662		
Mailing Address P O Box 1668			Amount of Each Receipt this Period 1000.00		
City Wilmington	State DE	Zip Code 19899-1668			
FEC ID number of contributing federal political committee. C					
Name of Employer Christiana Care Health 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			

Full Name (Last, First, Middle Initial) B. Mr. Thomas P. Nickels			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011 Transaction ID : 19556668		
Mailing Address 325 Seventh Street, NW Suite 700			Amount of Each Receipt this Period 1000.00		
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 Sr. Vice President, Federal Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. Ms. Vicki L. Briggs			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19556669		
Mailing Address 196 Highland View Dr			Amount of Each Receipt this Period 350.00		
City Birmingham	State AL	Zip Code 35242-6847			
FEC ID number of contributing federal political committee. C					
Name of Employer St. Vincent's Health System		Occupation System Exec VP/COO			
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).....▶	2350.00
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 OF 128
(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. Mr. Tom R McDougal Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 995 Ninth Avenue SW
 City Bessemer State AL Zip Code 35022-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical West 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 Y
 11 / 30 / 2011
Transaction ID : 19556670
 Amount of Each Receipt this Period
 350.00

B. Mr. Glenn C Sisk
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 West Hickory Street
 City Sylacauga State AL Zip Code 35150-2913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coosa Valley Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19556671
 Amount of Each Receipt this Period
 350.00

C. Mr. David C Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 First Street North
 City Alabaster State AL Zip Code 35007-8703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shelby Baptist Medical Center 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 Y
 11 / 30 / 2011
Transaction ID : 19556672
 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 66 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mrs. Amy H McRae

Mailing Address P O Box 2144

City State Zip Code
Mobile AL 36652-2144

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

Name of Employer Occupation
Mobile Infirmiry Medical Center Senior Vice President Nursing and Qual

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19556673

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Danne J. Howard

Mailing Address 1225 Chadwick Lane

City State Zip Code
Montgomery AL 36117-8962

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

Name of Employer Occupation
Alabama Hospital Association Senior Vice President Government Relat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19556675

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Ms. Jane Knight

Mailing Address 1612 Salisbury Place

City State Zip Code
Montgomery AL 36117-2562

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

Name of Employer Occupation
Alabama Hospital Association Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19556676

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 67 OF 128
	<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. Mr. Barry S Cochran , FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Drawer 710
 City Fayette State AL Zip Code 35555-0710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fayette Medical Center Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : 19556677
 Amount of Each Receipt this Period **900.00**

B. Ms. Rosemary Blackmon
 Full Name (Last, First, Middle Initial)
 Mailing Address 547 Le Grand Place
 City Montgomery State AL Zip Code 36106-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Hospital Association Occupation Exec. Vice President of Public Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : 19556678
 Amount of Each Receipt this Period **1000.00**

C. Ms. Patricia Noga
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Oak Street
 City Marshfield State MA Zip Code 02050-6226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Senior Director of Clinical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **262.50**

Date of Receipt **11 / 30 / 2011**
Transaction ID : 19556679
 Amount of Each Receipt this Period **262.50**

SUBTOTAL of Receipts This Page (optional).....	2162.50
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 68 OF 128
	<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. Ms. Aimee Hartlage
Full Name (Last, First, Middle Initial)

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 Fed. Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19580589

Amount of Each Receipt this Period
350.00

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

Mailing Address 12 Wildlife Drive

City Wallingford State CT Zip Code 06492-5346

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

Name of Employer Connecticut Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19580617

Amount of Each Receipt this Period
350.00

C. Mr. Carl J. Schiessl
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 90

City Wallingford State CT Zip Code 06492-0090

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

Name of Employer Connecticut Hospital Association Occupation Director, Regulatory Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19580618

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 69 OF 128
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. William Stanley		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19580620
Mailing Address 292 Pequot Avenue		Amount of Each Receipt this Period 350.00
City New London	State CT	Zip Code 06320-4451
FEC ID number of contributing federal political committee. C		
Name of Employer Lawrence & Memorial Hospital	Occupation Vice President Development & Community	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Darlene Stromstad		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19580621
Mailing Address 25 June Street		Amount of Each Receipt this Period 500.00
City Sanford	State ME	Zip Code 04073-2621
FEC ID number of contributing federal political committee. C		
Name of Employer Waterbury 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	

Full Name (Last, First, Middle Initial) C. Mr William Jennings		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19580629
Mailing Address 337 Hill Brook Lane		Amount of Each Receipt this Period 1000.00
City Fairfield	State CT	Zip Code 06824-7136
FEC ID number of contributing federal political committee. C		
Name of Employer Bridgeport 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 ▼ 1000.00	

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: (check only one)	PAGE 70 OF 128
	<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. Mr. David Whitehead
Full Name (Last, First, Middle Initial)

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 Occupation
William W. Backus Hospital, The President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19580630

Amount of Each Receipt this Period
1000.00

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

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 Occupation
Connecticut Hospital Association 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 Y Y
11 / 30 / 2011
Transaction ID : 19580632

Amount of Each Receipt this Period
500.00

C. Mr. Clarence J Silvia
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

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

Name of Employer Occupation
Hospital of Central Connecticut, The President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19580633

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: (check only one)	PAGE 71 OF 128
	<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. Mr. Patrick Charmel
Full Name (Last, First, Middle Initial)

Mailing Address 130 Division Street

City Derby State CT Zip Code 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 11 / 30 / 2011
Transaction ID : 19580641

Amount of Each Receipt this Period 500.00

B. Ms. Marna P Borgstrom
Full Name (Last, First, Middle Initial)

Mailing Address 789 Howard Avenue

City New Haven State CT Zip Code 06519-1304

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

Name of Employer Yale New Haven Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580642

Amount of Each Receipt this Period 1000.00

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

Mailing Address 110 Barnes Road

City Wallingford State CT Zip Code 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 11 / 30 / 2011
Transaction ID : 19580643

Amount of Each Receipt this Period 350.00

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 72 OF 128
(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. Mr. Chad W Wable
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Franklin Street
 City Waterbury State CT Zip Code 06706-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Mary's Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580644
 Amount of Each Receipt this Period
 350.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580645
 Amount of Each Receipt this Period
 500.00

C. Ms. Patricia Susan Fitzsimons
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 York Street
 City New Haven State CT Zip Code 06510-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Hospital Occupation Sr. Vice President of Patient Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580647
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 73 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Carolyn Salsgiver- Kobsa		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19580648
Mailing Address P O Box 5000		Amount of Each Receipt this Period 350.00
City Bridgeport	State CT	Zip Code 06610-0120
FEC ID number of contributing federal political committee. C		
Name of Employer Bridgeport Hospital	Occupation Senior Vice President Planning and Mar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Karen Buckley-Bates		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19580649
Mailing Address 110 Barnes Road, PO Box 90		Amount of Each Receipt this Period 250.00
City Wallingford	State CT	Zip Code 06492-0090
FEC ID number of contributing federal political committee. C		
Name of Employer Connecticut Hospital Association	Occupation Director Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. James D. Iacobellis		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 19580650
Mailing Address 110 Barnes Road		Amount of Each Receipt this Period 500.00
City Wallingford	State CT	Zip Code 06492-1802
FEC ID number of contributing federal political committee. C		
Name of Employer Connecticut Hospital Association	Occupation 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	

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 74 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. 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 Occupation
Connecticut Hospital Association Vice President, Business Development &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580651

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Connecticut Hospital Association Vice President Administration and Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580654

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. 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 Occupation
Connecticut Hospital Association Senior Director, Healthcare Data

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580656

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 75 OF 128
	<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. Mr. Vincent G. Capece Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 28 Crescent Street

City Middletown State CT Zip Code 06457-3650

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

Name of Employer Middlesex Hospital 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 Y
 11 / 30 / 2011
Transaction ID : 19580658

Amount of Each Receipt this Period
 350.00

B. Mr. Kurt A Barwis
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 977

City Bristol State CT Zip Code 06011-0977

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

Name of Employer Bristol 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 Y
 11 / 30 / 2011
Transaction ID : 19580667

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 20 York Street

City New Haven State CT Zip Code 06510-3220

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

Name of Employer Yale New Haven Health System Occupation Senior VP of Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580669

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00

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 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Elizabeth T. Beaudin RN, Ph.D.,

Mailing Address 69 Day Street

City State Zip Code
Granby CT 06035-2901

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

Name of Employer Occupation
Connecticut Hospital Association Director, Nursing & Work Force Initiat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580672

Amount of Each Receipt this Period
350.00

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

Mailing Address 20 York Street
1052CB

City State Zip Code
New Haven CT 06510-3220

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

Name of Employer Occupation
Yale New Haven Health System Sr. Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580673

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Dr. Peter N Herbert MD

Mailing Address 20 York Street

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 Hospital Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580674

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: (check only one)	PAGE 77 OF 128
	<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. Dr. John Rodis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City State Zip Code
 Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Francis Care, Inc. Director, Women & Infant Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580675
 Amount of Each Receipt this Period
 350.00

B. Ms. Jess Kupec
 Full Name (Last, First, Middle Initial)
 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, St. Francis Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580676
 Amount of Each Receipt this Period
 500.00

C. Mr. Ronald J Bianchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Main Street
 City State Zip Code
 Bridgeport CT 06606-4292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Vincent's Medical Center Corporate Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580677
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 78 OF 128
	<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. Mr. Peter J Karl
Full Name (Last, First, Middle Initial)

Mailing Address 71 Haynes Street

City Manchester	State CT	Zip Code 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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 19580679

Amount of Each Receipt this Period
250.00

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

Mailing Address 71 Haynes Street

City Manchester	State CT	Zip Code 06040-4131
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 19580680

Amount of Each Receipt this Period
350.00

C. Dr. Nneka Mobisson-Etuk MD MPH MBA
Full Name (Last, First, Middle Initial)

Mailing Address 110 Barnes Road

City Wallingford	State CT	Zip Code 06492-1802
---------------------	-------------	------------------------

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

Name of Employer Connecticut Hospital Association	Occupation Community Health & Population Health M
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 19580681

Amount of Each Receipt this Period
350.00

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 79 OF 128
(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. Dr. Arthur W. Detore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City State Zip Code
 Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Francis Hospital and Medical Cen 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 Y Y
 11 / 30 / 2011
Transaction ID : 19580696
 Amount of Each Receipt this Period
 500.00

B. Dr. Franklin Rosenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City State Zip Code
 Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Francis Hospital and Medical Cen Director, Anesthesiology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580698
 Amount of Each Receipt this Period
 350.00

C. Mr. John Giamalis
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City State Zip Code
 Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Francis Hospital and Medical Cen Senior Vice President and Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19580699
 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: (check only one)	PAGE 80 OF 128
	<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. Mr. Stuart E. Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 289 Hill St

City Bristol State CT Zip Code 06010-2955

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Executive Director- North Campus

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 30 / 2011
Transaction ID : 19580749

Amount of Each Receipt this Period
250.00

B. Dr. Gregory T. Makoul PhD
Full Name (Last, First, Middle Initial)

Mailing Address 49 Madison Ave

City Madison State CT Zip Code 06443-3135

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 30 / 2011
Transaction ID : 19580752

Amount of Each Receipt this Period
500.00

C. Dr. Surita Rao
Full Name (Last, First, Middle Initial)

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 and Director Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 30 / 2011
Transaction ID : 19580753

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 81 OF 128
	<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. Ms. Deena Williamson
 Full Name (Last, First, Middle Initial)
 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 Director, Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580763
 Amount of Each Receipt this Period 250.00

B. Mr. R Christopher Hartley
 Full Name (Last, First, Middle Initial)
 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 Care, Inc. Occupation Senior Vice President Planning and Fac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580764
 Amount of Each Receipt this Period 500.00

C. Ms. Kathleen M. Roche
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580765
 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 82 OF 128
	<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. Mr. Robert J. Falaguerra FASHE, CHF
 Full Name (Last, First, Middle Initial)
 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 Vice President Facilities Support Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580766
 Amount of Each Receipt this Period 250.00

B. Mr. James W. Schepker
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Mountain Terrace Road
 City West Hartford State CT Zip Code 06107-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President Marketing and Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580767
 Amount of Each Receipt this Period 250.00

C. Mr. Rocco Orlando III
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5037
 City Hartford State CT Zip Code 06102-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Healthcare Occupation Senior Vice President and CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580771
 Amount of Each Receipt this Period 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 83 OF 128
	<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. Mr. Richard D'Aquila
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 Howard Avenue
 City New Haven State CT Zip Code 06519-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale New Haven Health System Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580772
 Amount of Each Receipt this Period 500.00

B. Mr. Frank A Corvino
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Perryridge Road
 City Greenwich State CT Zip Code 06830-4697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenwich Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580773
 Amount of Each Receipt this Period 1000.00

C. Mr. Kevin N. Reynolds
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 Sycamore Road
 City West Hartford State CT Zip Code 06117-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Care, Inc. Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 19580914
 Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 84 OF 128
	<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. Ms. Mary Ann Hanley
Full Name (Last, First, Middle Initial)

Mailing Address 349 East Street

City Hebron State CT Zip Code 06248-1102

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Director, Valencia Society

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 30 / 2011
Transaction ID : 19580915

Amount of Each Receipt this Period
250.00

B. Ms. Tracy Church
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 5037

City Hartford State CT Zip Code 06102-5037

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

Name of Employer Hartford Healthcare Occupation Senior Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
11 / 30 / 2011
Transaction ID : 19580917

Amount of Each Receipt this Period
350.00

C. Mr. Sammy Watson
Full Name (Last, First, Middle Initial)

Mailing Address 809 University Boulevard East

City Tuscaloosa State AL Zip Code 35401-2029

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

Name of Employer DCH Health System Occupation Director Community Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 30 / 2011
Transaction ID : 19585368

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 85 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address Five New England Executive Park

City State Zip Code
Burlington MA 01803-5010

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

Name of Employer Occupation
Massachusetts Hospital Association Board Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 17 / 2011
Transaction ID : 19599292

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Ms. Melinda Reid Hatton

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 Occupation
American Hospital Association-Washingt Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR1045726225658

Amount of Each Receipt this Period
80.00

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

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

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 Occupation
American Hospital Association-Washingt VP Research Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR1057462125658

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **910.00**

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 OF 128
	<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. Ms. Sarah Berk
Full Name (Last, First, Middle Initial)

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 ▼ **322.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1082532725658

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

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 Section Director, Constituency Section

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1113464225658

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. Ms. Lisa Allen
Full Name (Last, First, Middle Initial)

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 Sr. Vice President, Chief Human Resour

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1118928225658

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **84.00**

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 OF 128
	<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. Ms. Mary Meadows
 Full Name (Last, First, Middle Initial)
 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 Director of Professional Practice, AON
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1260472925658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Elizabeth Basket
 Full Name (Last, First, Middle Initial)
 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, Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1332167425658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

C. Mr. James Wadzinski
 Full Name (Last, First, Middle Initial)
 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 Vice President Account Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1347703425658
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **96.00**
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 88 OF 128
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jack A. Mackay		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR1347703625658
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.00
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Ms. Susan Gergely		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR1347791025658
Mailing Address One North Franklin		Amount of Each Receipt this Period 28.00
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director of Operations, AONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

Full Name (Last, First, Middle Initial) C. Ms. Heather Drevna		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : PR1348169725658
Mailing Address 3205 Ravensworth PL		Amount of Each Receipt this Period 31.80
City Alexandria	State VA	Zip Code 22302-2107
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.90 Bi-Weekly)
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 ▼ 318.20	

SUBTOTAL of Receipts This Page (optional).....▶	99.80
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 89 OF 128
	<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. Ms. Sharon Allen
Full Name (Last, First, Middle Initial)
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 Membership and Marketing Manager ASHHR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1474886225658
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

B. Mr. Mark Colucci
Full Name (Last, First, Middle Initial)
Mailing Address 1061 N Penny Ln
City Palatine State IL Zip Code 60067-1821
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **460.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1475133725658
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. Ms. Stephanie H. Drake
Full Name (Last, First, Middle Initial)
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 Associate Executive Director - ASHHRA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **918.34**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1492459925658
Amount of Each Receipt this Period **81.66**
P/R Deduction (\$40.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **149.66**
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 90 OF 128
	<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. Ms. Monica D Day
Full Name (Last, First, Middle Initial)
Mailing Address 10224 Prince Place #205

City Largo	State MD	Zip Code 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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR1516850625658

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Elisa Arespacochaga
Full Name (Last, First, Middle Initial)
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 Associate Director, Constituency Secti
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR1555656225658

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. Mr. Clinton S. Manning
Full Name (Last, First, Middle Initial)
Mailing Address 325 Seventh Street, NW
Suite 700

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 Asst. Director Advocacy & Member Commu
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : PR1555656525658

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 91 OF 128
	<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. Ms. Kathy Poole
Full Name (Last, First, Middle Initial)
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 Director, Governance Projects
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1589439925658
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Kimberly Baker
Full Name (Last, First, Middle Initial)
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 Director Travel Meeting Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1590809125658
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

C. Mr. Robert Kehoe
Full Name (Last, First, Middle Initial)
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 Associate Publisher Vertical Magazines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR1625368325658
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	84.00
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 OF 128
	<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. Mr. Stephen Hines
Full Name (Last, First, Middle Initial)

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 ▼ **322.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1648726625658

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Lisa Grabert
Full Name (Last, First, Middle Initial)

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 ▼ **920.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1671258625658

Amount of Each Receipt this Period **80.00**

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

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

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 ▼ **880.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1677512425658

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	148.00
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 93 OF 128
	<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. Mr. Erik Rasmussen
Full Name (Last, First, Middle Initial)

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR1819487925658

Amount of Each Receipt this Period **80.00**

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

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

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 / 30 / 2011**

Transaction ID : PR327629125658

Amount of Each Receipt this Period **80.00**

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

C. Mr. Michael P. McCue
Full Name (Last, First, Middle Initial)

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 / 30 / 2011**

Transaction ID : PR327771625658

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 OF 128
(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. Ms. Suzanne R. Sonik
 Full Name (Last, First, Middle Initial)
 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 Director, Long-Term Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR32777225658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City Oak Park State IL Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR32777825658
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

C. Mr. Neil J. Jesuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 Kimberly Place
 City Great Falls State VA Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR327801725658
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **148.00**
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 95 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. 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 / 30 / 2011**

Transaction ID : PR327812025658

Amount of Each Receipt this Period **80.00**

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

Full Name (Last, First, Middle Initial)
B. 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 / 30 / 2011**

Transaction ID : PR327831725658

Amount of Each Receipt this Period **40.00**

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

Full Name (Last, First, Middle Initial)
C. 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 / 30 / 2011**

Transaction ID : PR327846225658

Amount of Each Receipt this Period **40.00**

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

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 96 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City Washington State DC Zip Code 20008-2614

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 ▼ **460.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR327851925658

Amount of Each Receipt this Period **40.00**

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

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

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 Vice President, Political Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR327858025658

Amount of Each Receipt this Period **80.00**

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

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

Mailing Address One North Franklin

City Millis State MA 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 ▼ **920.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR327877825658

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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 97 OF 128
	<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. Mr. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 North Garland Court #3002
 City Chicago State IL Zip Code 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 **920.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR327895725658
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Eileen M. Collins Offner
 Full Name (Last, First, Middle Initial)
 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 Policy Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR327906125658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

C. Ms. Judy Williams
 Full Name (Last, First, Middle Initial)
 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 Director Membership
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR327918925658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **136.00**
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 98 OF 128
	<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. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 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 President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR328132825658
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Barbara Lorsbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 7th Ave
 City La Grange State IL Zip Code 60525-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR328136925658
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Ms. Lauren A. Barnett
 Full Name (Last, First, Middle Initial)
 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 Executive Director, SHSMD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR328174925658
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	188.00
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 99 OF 128
	<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. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR328223825658
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR328241425658
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR328260925658
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 100 OF 128
	(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"/> 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. Ms. Carla L. Luggiero
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR328490125658
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR328511825658
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR328512025658
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. George Arges		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address One North Franklin St.		Transaction ID : PR328641125658
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation Senior Director, Health Data Managemen	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Mr. Anthony J. Burke		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address One North Franklin Ave.		Transaction ID : PR328913325658
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Chicago	Occupation President & CEO, AHA Solutions, Inc. &	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Full Name (Last, First, Middle Initial) C. Ms. Rebecca Chickey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address One North Franklin Street		Transaction ID : PR329013425658
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation SPSA Director	P/R Deduction (\$20.00 Bi-Weekly)
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).....▶	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 102 OF 128
(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. Dr. John R. Combes
 Full Name (Last, First, Middle Initial)
 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 President & Chief Operating Officer, C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR329071325658
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Robyn Cooke
 Full Name (Last, First, Middle Initial)
 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 ▼ **460.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR329084425658
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR329215725658
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**
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 OF 128
(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. Mr. John Evans
 Full Name (Last, First, Middle Initial)
 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 Senior Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR329342625658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Audrey L. Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 W. Farwell Ave.
 City Chicago State IL Zip Code 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 **11 / 30 / 2011**
Transaction ID : PR329654225658
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

C. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : PR330343325658
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **96.00**
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 104 OF 128
	<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. Mr. Thomas Misfeldt
Full Name (Last, First, Middle Initial)

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 Associate Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR330411625658

Amount of Each Receipt this Period **40.00**

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

B. Ms. Maureen D. Mudron
Full Name (Last, First, Middle Initial)

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 Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR330465225658

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 4960 138th Circle West

City Apple Valley State MN Zip Code 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 **11 / 30 / 2011**

Transaction ID : PR330475425658

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **148.00**

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 105 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Gene O'Dell		Date of Receipt 11 / 30 / 2011 Transaction ID : PR330547725658
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.00
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Ms. Eileen O'Keefe		Date of Receipt 11 / 30 / 2011 Transaction ID : PR330549225658
Mailing Address 172 Atteridge		Amount of Each Receipt this Period 80.00
City Lake Forest	State IL	Zip Code 60045-1715
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Full Name (Last, First, Middle Initial) C. Mr. Anthony Spohn		Date of Receipt 11 / 30 / 2011 Transaction ID : PR331098325658
Mailing Address 3219 N. Oriole		Amount of Each Receipt this Period 40.00
City Chicago	State IL	Zip Code 60634-3232
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, Associate Membersh	
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).....▶	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 106 OF 128
(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. Ms. Debi H. Tucker Esq.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 American Hospital Association-Washingt Director, State Issues Forum
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 322.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR331278825658
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 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 Occupation
 American Hospital Association-Washingt Director Advocacy and Public Policy Op
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR331304225658
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Ms. Jo Ann Webb
 Full Name (Last, First, Middle Initial)
 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 Occupation
 American Hospital Association-Washingt Sr. Director Federal Relations & Polic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 322.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : PR331379125658
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.00
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 107 OF 128
	(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"/> 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. Ms. Judy Weinsheimer
 Full Name (Last, First, Middle Initial)
 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 ▼ 322.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR331386925658
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. Mr. Dale Woodin
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 W. Central Road
 City Arlington Heights State IL Zip Code 60005-2349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR331481325658
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Mr. Donald May
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 Great Falls St.
 City Falls Church State VA Zip Code 22046-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 30 / 2011
Transaction ID : PR331533225658
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 136.00
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 108 OF 128
	<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

Full Name (Last, First, Middle Initial) A. Ms. Elizabeth Summy		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address One North Franklin		Transaction ID : PR346168125658
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Chicago	Occupation Vice President, PMG	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Full Name (Last, First, Middle Initial) B. Ms. Megan Cundari		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR518031925658
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.72
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$41.36 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.28	

Full Name (Last, First, Middle Initial) C. Ms. Laura M. Werner		Date of Receipt MM / DD / YYYY 11 / 30 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR560101525658
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Political Affairs	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).....▶	190.72
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 109 OF 128
	<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. Mr. Carlos Jackson
Full Name (Last, First, Middle Initial)

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 / 30 / 2011**

Transaction ID : PR566280925658

Amount of Each Receipt this Period **40.00**

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

B. Ms. Ashley B. Thompson
Full Name (Last, First, Middle Initial)

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 / 30 / 2011**

Transaction ID : PR766023725658

Amount of Each Receipt this Period **40.00**

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

C. Ms. Rochelle M. Archuleta
Full Name (Last, First, Middle Initial)

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 Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : PR801366325658

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **108.00**

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 110 OF 128
	<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

Full Name (Last, First, Middle Initial) A. Ms. Lisa Kidder Hrobsky		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR876637225658
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Legislative Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Ms. Jennifer Armstrong Gay		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 10702 Benning Way		Transaction ID : PR928186525658
City Spotsylvania	State VA	Zip Code 22551-4670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer American Hospital Association-Washingt	Occupation Director Communication Strategies	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	

Full Name (Last, First, Middle Initial) C. Mr. David A. Strickland		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address One N. Franklin Street		Transaction ID : PR939603925658
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
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).....▶	96.00
TOTAL This Period (last page this line number only).....▶	99712.54

**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 111 OF 128
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Montana Hospital Association PAC - Federal Fund		Date of Receipt
Mailing Address P.O. Box 5119		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Transaction ID : 19523784
Helena	MT	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="8500.00"/>
C C00238782	59604-5119	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="8500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wisconsin Hospital Association Federal PAC		Date of Receipt
Mailing Address 5510 Research Park Drive PO Box 259038		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Transaction ID : 19532974
Madison	WI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="1653.85"/>
C C00422881	53725-9038	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="7613.85"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Amount of Each Receipt this Period
	Zip Code	<input type="text"/>
FEC ID number of contributing federal political committee.		
C		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10153.85"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="10153.85"/>

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

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

FOR LINE NUMBER: PAGE 112 OF 128
(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. TD Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Seventh Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1540.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 19593179
 Amount of Each Receipt this Period
 237.40
 Interest Earned

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	237.40
TOTAL This Period (last page this line number only).....▶	237.40

**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 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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19593181

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19593195

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19593196

Amount of Each Disbursement this Period

Merchant Fees

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

Full Name (Last, First, Middle Initial)

A. Leadership for Today and Tomorrow

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2011 Contribution

Candidate Name

Leadership for Today and Tomorrow

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2011					

Transaction ID : 19509174

Amount of Each Disbursement this Period

2000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Kathy Hochul For Congress

Mailing Address PO Box 64

City Buffalo State NY Zip Code 14231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathleen Hochul

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2011					

Transaction ID : 19509178

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2011					

Transaction ID : 19509181

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

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**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

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name

Rep. David Lee Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 19509187

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. CAMPAC: Continuing a Majority Party Action Cmte

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2011 Contribution

Candidate Name

CAMPAC: Continuing a Majority Party Action Cmte

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 19509189

Amount of Each Disbursement this Period

5000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric I. Cantor

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 19509190

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 19509202

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 19509203

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Prosperity in America

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Citizens for Prosperity in America

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 19509204

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0
---	---	---	---	---	---

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

7	0	0	0	0	0
---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Fund for America's Future

Mailing Address PO Box 1371

City Columbia State SC Zip Code 29202

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Fund for America's Future

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2011

Transaction ID : 19509210

Amount of Each Disbursement this Period

2500.00

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Richard Hanna For Congress

Mailing Address 2308 Genesee Street

City Utica State NY Zip Code 13502

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard Hanna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2011

Transaction ID : 19509213

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2011

Transaction ID : 19509214

Amount of Each Disbursement this Period

1000.00

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)

<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

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road
PO Box 308

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution

Candidate Name
Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2011			

Transaction ID : 19509215

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul D. Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2011			

Transaction ID : 19509216

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Feinstein For Senate

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
Sen. Dianne Feinstein

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : 19514020

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

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**SCHEDULE B (FEC Form 3X)
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

Full Name (Last, First, Middle Initial)

A. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City State Zip Code
Miami FL 33152

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ileana Ros-Lehtinen

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011

Transaction ID : 19514021

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Doggett For Us Congress

Mailing Address PO Box 5843

City State Zip Code
Austin TX 78763

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President
State: TX District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011

Transaction ID : 19514022

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Markey Committee, The

Mailing Address PO Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement
Contribution

Candidate Name

Rep. Edward J. Markey

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011

Transaction ID : 19514023

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

**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

Full Name (Last, First, Middle Initial)

A. Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael E. Capuano

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533083

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David George Reichert

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533086

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533089

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533091

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Prosperity PAC

Mailing Address 7804 Evening Lane

City State Zip Code
Alexandria VA 22307

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Prosperity PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533092

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Tim Johnson

Mailing Address PO Box 17097

City State Zip Code
Urbana IL 61803

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Timothy V. Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533093

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533095

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2011

Transaction ID : 19533096

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Robert Aderholt For Congress

Mailing Address P. O. Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robert B. Aderholt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2011

Transaction ID : 19543502

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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

Use separate schedule(s)
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

Full Name (Last, First, Middle Initial)

A. Forbes For Congress

Mailing Address PO Box 15100

City State Zip Code
Chesapeake VA 23328

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. J. Randy Forbes

Office Sought: House
 Senate
 President
State: VA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19543613

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19543737

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13th Street, NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19543872

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

Full Name (Last, First, Middle Initial)

A. Walberg For Congress

Mailing Address 6769 Teachout Rd.

City Tipton State MI Zip Code 49287

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Timothy Walberg

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

Transaction ID : 19543974

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Peter Welch

Category/
Type

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

Transaction ID : 19544156

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. ERIC PAC-Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2011 Contribution

011

Candidate Name
ERIC PAC-Every Republican is Crucial PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2011			

Transaction ID : 19544290

Amount of Each Disbursement this Period

5000.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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

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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

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Eliot L. Engel

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : 19544427

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 247

City State Zip Code
Kinderhook NY 12106

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Chris Gibson

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : 19544543

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. New York Jobs PAC

Mailing Address P.O. Box 763

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
2011 Contribution

011
Category/
Type

Candidate Name

New York Jobs PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : 19544690

Amount of Each Disbursement this Period

1000.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**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

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	1

Transaction ID : 19580570

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	1

Transaction ID : 19580582

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Voice for Freedom PAC

Mailing Address 2814 Spring Road
Suite 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Voice for Freedom PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	1

Transaction ID : 19580598

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

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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

Full Name (Last, First, Middle Initial)

A. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Reid Ribble

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 19580600

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gary C. Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 19580601

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 19580602

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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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

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Orrin G. Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 19580603

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Toomey For Senate Committee

Mailing Address 2720 Jordan Road

City State Zip Code
Orefield PA 18069

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Patrick Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 19580605

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joe Heck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : 19580606

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

70000.00
