

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

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

FOR LINE NUMBER: PAGE 145 / 231  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert W Shroder

Mailing Address 667 Eastland Avenue SE

City Warren State OH Zip Code 44484-4503

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

Name of Employer St. Joseph Health Center Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2008  
**Transaction ID: 16211632**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles A Stark, , CHE

Mailing Address 1101 Decatur Street

City Sandusky State OH Zip Code 44870-3335

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2008  
**Transaction ID: 16211633**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael R Stephens

Mailing Address 1141 North Monroe Drive

City Xenia State OH Zip Code 45385-1600

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

Name of Employer Greene Memorial Hospital Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 30 / 2008  
**Transaction ID: 16211634**  
 Amount of Each Receipt this Period 200.00

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

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