

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW

Suite 700

Check if different than previously reported. (ACC)

Washington DC 20004

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00106146

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On:

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on in the State of

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

Election on in the State of

5. Covering Period 04 01 2009 through 04 30 2009

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 07 31 2009

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											<b>FEC FORM 3X</b>
											(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1339674.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1261865.49									
(c) Total Receipts (from Line 19) .....	123290.53	366484.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1385156.02	1706158.08								
7. Total Disbursements (from Line 31) .....	33666.09	354668.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1351489.93	1351489.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	59717.46	124351.46
(ii) Unitemized .....	17403.46	39534.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	77120.92	163886.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	77120.92	163886.28
12. Transfers From Affiliated/Other Party Committees .....	45000.00	200100.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	169.61	1497.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	123290.53	366484.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	123290.53	366484.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	516.09	3318.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	516.09	3318.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33150.00	351350.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33666.09	354668.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33666.09	354668.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	77120.92	163886.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77120.92	163886.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	516.09	3318.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	516.09	3318.15

**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 6 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Stoeckigt

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 Advertising, Health Forum

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2009

Transaction ID: 17036773

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean Aycock, CPA

Mailing Address 821 North Cobb Street

City Milledgeville State GA Zip Code 31061-2351

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

Name of Employer Oconee Regional Medical Center Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 17038635

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tim Stack, , FACHE

Mailing Address 2001 Peachtree Rd NE, 400

City Atlanta State GA Zip Code 30309-1476

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

Name of Employer Piedmont Healthcare Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 17038637

Amount of Each Receipt this Period 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address P O Drawer 'V'

City State Zip Code  
Griffin GA 30224-1168

FEC ID number of contributing federal political committee. C

Name of Employer  
Spalding Regional Medical Center

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 06 / 2009

**Transaction ID:** 17038641

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ben Underwood

Mailing Address 2104 Murren Drive

City State Zip Code  
Smyrna GA 30080-6520

FEC ID number of contributing federal political committee. C

Name of Employer  
Talbot Recovery Campus

Occupation  
President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 06 / 2009

**Transaction ID:** 17038643

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul Rutledge, FACHE

Mailing Address 110 Winners Circle  
First Floor

City State Zip Code  
Brentwood TN 37027-5070

FEC ID number of contributing federal political committee. C

Name of Employer  
HCA

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 07 / 2009

**Transaction ID:** 17039150

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 511 Cedar Cove

City Parsons State KS Zip Code 67357-2256

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

Name of Employer Labette Health Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2009  
**Transaction ID:** 17041134  
 Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address 9690 Meadow Dr

City Omaha State NE Zip Code 68114-1271

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

Name of Employer Alegent-Health Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID:** 17041285  
 Amount of Each Receipt this Period: 350.00

**C.**

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

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809-8409

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID:** 17041384  
 Amount of Each Receipt this Period: 1000.00

**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 9 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Teri G Fontenot, , FACHE

Mailing Address P O Box 95009

City State Zip Code  
Baton Rouge LA 70895-9009

FEC ID number of contributing federal political committee. C

Name of Employer  
Woman's Hospital

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 08 / 2009

**Transaction ID:** 17041385

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William R Holman, , FACHE

Mailing Address P O Box 2511

City State Zip Code  
Baton Rouge LA 70821-2511

FEC ID number of contributing federal political committee. C

Name of Employer  
Baton Rouge General 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 / D D / Y Y Y Y Y  
04 / 08 / 2009

**Transaction ID:** 17041386

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert L Hawley, , Jr., FAC

Mailing Address 1001 Gause Boulevard

City State Zip Code  
Slidell LA 70458-2987

FEC ID number of contributing federal political committee. C

Name of Employer  
Slidell Memorial Hospital

Occupation  
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  
04 / 08 / 2009

**Transaction ID:** 17041387

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Cindy J Rogers, , FACHE

Mailing Address P O Box 1901

City State Zip Code  
Monroe LA 71210-1901

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

Name of Employer St. Patrick's Psychiatric Hospital  
Occupation 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  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** 17041388

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Warner L Thomas

Mailing Address 1514 Jefferson Highway

City State Zip Code  
New Orleans LA 70121-2484

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

Name of Employer Ochsner Medical Center  
Occupation President and Chief Operating 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  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** 17041389

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John J Finan, , Jr.

Mailing Address 4200 Essen Lane

City State Zip Code  
Baton Rouge LA 70809-2196

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

Name of Employer Franciscan Missionaries of Our Lady He  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** 17041390

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 11 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sean M. Prados, MPA

Mailing Address 9521 Brookline Avenue

City State Zip Code  
Baton Rouge LA 70809-8409

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

Name of Employer Occupation  
Louisiana Hospital Association Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** 17041391

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Salles

Mailing Address 644 Apache Drive

City State Zip Code  
Abita Springs LA 70420-3331

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

Name of Employer Occupation  
Metropolitan Hospital Council of New O President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** 17041392

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Milton D Bourgeois, Jr.

Mailing Address 4608 Highway 1

City State Zip Code  
Raceland LA 70394-2623

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

Name of Employer Occupation  
Ochsner St. Anne General Hospital Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** 17041393

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bernard Leger

Mailing Address 524 South Ryan Street

City State Zip Code  
Lake Charles LA 70601-5725

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

Name of Employer Occupation  
CHRISTUS St. Patrick Hospital of Lake Administrator

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

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** 17041394

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary Keller

Mailing Address 1101 Kaliste Saloom Road

City State Zip Code  
Lafayette LA 70508-5705

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

Name of Employer Occupation  
Lafayette Surgical Specialty Hospital CEO

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

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** 17041395

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City State Zip Code  
Saint Petersburg FL 33703-3138

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

Name of Employer Occupation  
BayCare Health System Vice President, Managed Care

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

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** 17052367

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 13 / 69  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

Mailing Address 3563 Phillips Highway  
Suite 101

Transaction ID: 17052368

City Jacksonville State FL Zip Code 32207-5663

Amount of Each Receipt this Period  
250.00

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

Name of Employer Baptist Health Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John R. Brownlow

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

Mailing Address 5608 Bear Lake Circle

Transaction ID: 17052369

City Apopka State FL Zip Code 32703-1916

Amount of Each Receipt this Period  
250.00

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

Name of Employer Florida Hospital Occupation Vice President and Chief Operating Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Dana Ferrell

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

Mailing Address 3303 Park Street

Transaction ID: 17052375

City Jacksonville State FL Zip Code 32205-7830

Amount of Each Receipt this Period  
500.00

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

Name of Employer Nemours Children's Clinic Occupation Director of Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kathy A. Reep

Mailing Address 19 W. New Hampshire

City State Zip Code  
Orlando FL 32804-5911

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

Name of Employer Florida Hospital Association - Orlando  
Occupation Vice President, Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** 17052376

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John E. Mines

Mailing Address 1991 Killarney Drive

City State Zip Code  
Winter Park FL 32789-3527

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

Name of Employer Florida Hospital Association  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** 17052380

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Rueben

Mailing Address 306 East College Avenue

City State Zip Code  
Tallahassee FL 32301-1522

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

Name of Employer Florida Hospital Association  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** 17052381

Amount of Each Receipt this Period  
1500.00

**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 15 / 69		
	<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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Palmer

Mailing Address 307 Park Lake Circle

City State Zip Code  
Orlando FL 32803-3923

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

Name of Employer Florida Hospital Association  
Occupation 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  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** 17052382

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter Ettinger, M.D.

Mailing Address 55 Lake Ave

City State Zip Code  
Worcester MA 01655-0002

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

Name of Employer UMass Memorial 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 / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052450

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda B. Bolton

Mailing Address 8700 Beverly Blvd.

City State Zip Code  
West Hollywood CA 90048-1865

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

Name of Employer Cedars-Sinai Medical Center  
Occupation Vice President Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052453

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sandra G. Reeves

Mailing Address 611 Ryan Plaza Dr Ste 630  
Suite 630

City Arlington State TX Zip Code 76011-4019

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

Name of Employer Texas Health Resources - Finance Office Occupation VP of Treasury Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052455

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Sarah B. Buck

Mailing Address 2052 Pinehurst Drive

City Ames State IA Zip Code 50010-4561

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

Name of Employer Mary Greeley Medical Center Occupation Trustee & Board Chair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052458

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 1530 Gabriel Street

City Hollywood State FL Zip Code 33020-3228

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

Name of Employer South Florida Hospital Association, Inc. 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  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052460

Amount of Each Receipt this Period  
250.00

**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 17 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Patricia Yoder-Wise

Mailing Address 7309 93rd Street

City Lubbock State TX Zip Code 79424-4939

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

Name of Employer Texas Tech University Health Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: 17052461

Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address 32 Blair Court

City Ocean State NJ Zip Code 07712-3222

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

Name of Employer Saint Peter's University Hospital Occupation Vice President, Chief Nursing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: 17052462

Amount of Each Receipt this Period: 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kim C. Byas, Sr., MPH,

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: 17052465

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: (check only one)	PAGE 18 / 69
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Alan Sauber	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 7733 Forsyth Blvd Suite 2300	<b>Transaction ID:</b> 17052468
	City State Zip Code Saint Louis MO 63105-1817	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RehabCare Group, Inc. Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 622 Sheridan Square Unit 3	<b>Transaction ID:</b> 17052475
	City State Zip Code Evanston IL 60202-4751	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation American College of Health-care Executi Executive Vice President & COP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 640 West Washington Street	<b>Transaction ID:</b> 17052479
	City State Zip Code Pittsfield IL 62363-1350	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Illini Community Hospital Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas O. Barnes

Mailing Address 1900 Perkins St.

City Bristol State CT Zip Code 06010-8924

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

Name of Employer Bristol Hospital Occupation Chairman of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: 17052485**  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel F Evans, Jr.

Mailing Address P O Box 1367

City Indianapolis State IN Zip Code 46206-1367

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

Name of Employer Clarian Health Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: 17052491**  
 Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mary-Anne Ponti

Mailing Address 3070 Morford Road

City Petoskey State MI Zip Code 49770-9234

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

Name of Employer Northern Michigan Regional Hospital Occupation Chief Nurse Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: 17052495**  
 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: PAGE 20 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Diane McDaniel

Mailing Address 1853 Exeter Dr

City State Zip Code  
Sierra Vista AZ 85635-4864

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

Name of Employer Occupation  
Sierra Vista Regional Health Center Trustee

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

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** 17052507

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Gracey

Mailing Address 103 Powell Court, Suite 200

City State Zip Code  
Brentwood TN 37027-5079

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

Name of Employer Occupation  
LifePoint Hospitals, Inc. Chief Operating Officer

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

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** 17052509

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen Utley

Mailing Address 708 West Forest Avenue

City State Zip Code  
Jackson TN 38301-3901

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

Name of Employer Occupation  
West Tennessee Healthcare Vice President, System Services

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

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** 17052510

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Scott C Malaney

Mailing Address 1900 South Main Street

City State Zip Code  
Findlay OH 45840-1214

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

Name of Employer  
Blanchard Valley 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 / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052512

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mina H Ubbing

Mailing Address 750 Fairview Drive

City State Zip Code  
Lancaster OH 43130-3313

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

Name of Employer  
Fairfield Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052513

Amount of Each Receipt this Period  
292.50

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City State Zip Code  
Columbus OH 43214-2545

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

Name of Employer  
Ohio Hospital Association

Occupation  
Vice President, State Policy & Advocac

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052515

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1042.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 950 West Wooster Street

City State Zip Code  
Bowling Green OH 43402-2603

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

Name of Employer Occupation  
Wood County Hospital 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  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052516

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Fred M DeGrandis

Mailing Address 18101 Lorain Avenue

City State Zip Code  
Cleveland OH 44111-5612

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

Name of Employer Occupation  
Fairview Hospital 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  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052517

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code  
Granville OH 43023-1428

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

Name of Employer Occupation  
Ohio Hospital Association Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 17052563

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 23 / 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard P. de Filippi, Ph.D.  
 Mailing Address 189 Upland Road  
 City State Zip Code  
 Cambridge MA 02140-3604  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 9  
**Transaction ID:** 17052572  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cambridge Health Alliance Trustee  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bruce D Cummings  
 Mailing Address 901 Pequot Avenue  
 City State Zip Code  
 New London CT 6320  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 9  
**Transaction ID:** 17052938  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lawrence & Memorial Hospital President and Chief Executive Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Andersen  
 Mailing Address 100 East LeFevre Road  
 City State Zip Code  
 Sterling IL 61081-1279  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 9  
**Transaction ID:** 17053606  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CGH Medical Center President and Chief Executive Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00  
**TOTAL** This Period (last page this line 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 24 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Matthew J. Angela

Mailing Address 1151 East 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 Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: 17053608  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Daniel E Baker

Mailing Address 800 NE Glen Oak Avenue

City Peoria State IL Zip Code 61603-3200

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

Name of Employer OSF Healthcare System Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: 17053609  
Amount of Each Receipt this Period: 750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City Quincy State IL Zip Code 62301-6380

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

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: 17053610  
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 25 / 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Edgar J Curtis, , R.N.  
Mailing Address 701 North First Street  
City Springfield State IL Zip Code 62781-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Memorial Health System Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 13 / 2009  
Transaction ID: 17053611  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Fox  
Mailing Address 3815 Highland Avenue  
City Downers Grove State IL Zip Code 60515-1500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advocate Good Samaritan Hospital Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 13 / 2009  
Transaction ID: 17053613  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Wayne M Lerner, , DPH  
Mailing Address 2701 West 68th Street  
City Chicago State IL Zip Code 60629-1813  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Holy Cross Hospital Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 13 / 2009  
Transaction ID: 17053617  
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 26 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Keith E Steffen

Mailing Address 530 NE Glen Oak Avenue

City Peoria State IL Zip Code 61637-0001

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

Name of Employer OSF Saint Francis Medical Center  
Occupation Administrator and Chief Executive Offi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053622

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Associ-  
ation  
Occupation Vice President, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053629

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Alan Schilmoeller

Mailing Address 200 First Street, SW

City Rochester State MN Zip Code 55905-0001

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

Name of Employer Mayo Clinic  
Occupation Vice Chair, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053637

Amount of Each Receipt this Period  
250.00

**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 27 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 1512 12th Avenue Road

City Nampa State ID Zip Code 83686-6008

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2009

Transaction ID: 17054225

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Soulen Hinson

Mailing Address 645 East Fifth Street

City Weiser State ID Zip Code 83672-2202

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

Name of Employer Weiser Memorial Hospital Occupation Chair, Board of Trustees

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 13 / 2009

Transaction ID: 17054227

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Victoria A Alexander

Mailing Address P O Box 700

City Salmon State ID Zip Code 83467-0700

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

Name of Employer Steele Memorial Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2009

Transaction ID: 17054230

Amount of Each Receipt this Period 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Rod Barton

Mailing Address 777 Avenue 'H'

City Powell State WY Zip Code 82435-2260

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

Name of Employer Powell Valley Healthcare Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 13 / 2009  
**Transaction ID:** 17054234  
 Amount of Each Receipt this Period: 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. M Joy Drass, , M.D.

Mailing Address 3800 Reservoir Road NW

City Washington State DC Zip Code 20007-2113

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

Name of Employer MedStar-Georgetown Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 17 / 2009  
**Transaction ID:** 17064872  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sally Nelson

Mailing Address PO Box 4001

City Huntsville State TX Zip Code 77342-4001

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

Name of Employer Huntsville Memorial Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 17 / 2009  
**Transaction ID:** 17064874  
 Amount of Each Receipt this Period: 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: PAGE 29 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Kimber Wraalstad

Mailing Address P O Box 759

City Rolla State ND Zip Code 58367-0759

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 17 / 2009

**Transaction ID:** 17064879

Amount of Each Receipt this Period 350.00

**B.**

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

Mailing Address 175 North Harbor Drive

City Chicago State IL Zip Code 60601-7344

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

Name of Employer Woodrum, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2009

**Transaction ID:** 17064881

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address 5601 South County Line Road

City Hinsdale State IL Zip Code 60521-4875

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

Name of Employer R M L Specialty Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2009

**Transaction ID:** 17064885

Amount of Each Receipt this Period 500.00

**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 30 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 9050 Airline Highway, Suite 500

City State Zip Code  
Baton Rouge LA 70815-4103

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

Name of Employer Occupation  
Woman's Hospital Chair

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: 17064892

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code  
Jefferson City MO 65101-8275

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

Name of Employer Occupation  
Missouri Hospital Association 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  
0 4 / 1 7 / 2 0 0 9

Transaction ID: 17064976

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer Occupation  
American Hospital Association-Washingt Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 273.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17064990

Amount of Each Receipt this Period

39.00

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

1164.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Kristin Welsh

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 Executive Branch Relati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17065004

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Raymond Grady, FACHE

Mailing Address 2239 Charter Point Drive

City Arlington Heights State IL Zip Code 60004-7226

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

Name of Employer Health Alliance of Greater Cincinnati Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: 17068537

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Glenn A Fosdick, FACHE

Mailing Address 987400 Nebraska Medical Center

City Omaha State NE Zip Code 68198-7400

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

Name of Employer Nebraska 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 / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 17068928

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1539.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 32 / 69</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael V Sack	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 585 Lebanon Street	<b>Transaction ID:</b> 17069087
	City State Zip Code Melrose MA 02176-3225	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Hallmark Health System President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Klimp	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 301 Second Street NE	<b>Transaction ID:</b> 17083402
	City State Zip Code New Prague MN 56071-1709	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Queen of Peace Hospital Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Nancy H Agee	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 802 Cherrywood Road	<b>Transaction ID:</b> 17083444
	City State Zip Code Salem VA 24153-2755	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Carilion Clinic Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 33 / 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Barbara Brown, Ph.D.  
Mailing Address 11 Countryside Lane

City Richmond State VA Zip Code 23229-7928

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

Name of Employer Virginia Hospital & Healthcare Associa  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID: 17083445**  
 Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Lori Brown  
Mailing Address 40439 Braddock Rd

City Aldie State VA Zip Code 20105-2219

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

Name of Employer Inova Health System  
Occupation Assistant VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID: 17083448**  
 Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne A. Diewald  
Mailing Address 12187 Chacery Station Cir

City Reston State VA Zip Code 20190-5802

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

Name of Employer Inova Health System  
Occupation Vice President AMBCare & Growth

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID: 17083450**  
 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 34 / 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Theresa Edward

Mailing Address 1519 Peyton Lane

City State Zip Code  
Chesapeake VA 23320-7671

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

Name of Employer Occupation  
Sentara Leigh Hospital V/P Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** 17083451

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Howard P Kern

Mailing Address 6015 Poplar Hall Drive

City State Zip Code  
Norfolk VA 23502-3819

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

Name of Employer Occupation  
Sentara Healthcare President and Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** 17083485

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Long

Mailing Address 7723 Stuart Hall Road

City State Zip Code  
Richmond VA 23229-6615

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

Name of Employer Occupation  
Virginia Hospital & Healthcare Associa Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** 17083488

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 35 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sandra J. Miller

Mailing Address 379 Dorwin Drive

City Norfolk State VA Zip Code 23502-5707

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

Name of Employer Sentara Healthcare Occupation Director, Gov't Relations and Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009  
**Transaction ID: 17083496**  
 Amount of Each Receipt this Period: 350.00

**B.**

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

Mailing Address 1586 Regatta Lane

City Reston State VA Zip Code 20194-1218

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

Name of Employer Inova Health System Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009  
**Transaction ID: 17083497**  
 Amount of Each Receipt this Period: 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Fred M Rankin, III

Mailing Address 1001 Sam Perry Boulevard

City Fredericksburg State VA Zip Code 22401-4453

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

Name of Employer Mary Washington Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009  
**Transaction ID: 17083499**  
 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 36 / 69  
(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. Laurens Sartoris

Mailing Address 7 East Glenbrooke Circle

City Richmond State VA Zip Code 23229-8001

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

Name of Employer Virginia Hospital & Healthcare Associa  
Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID:** 17083502  
 Amount of Each Receipt this Period 350.00

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

Mailing Address 7505 Nyack ct.

City Manassas State VA Zip Code 20112-7815

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

Name of Employer Prince William Hospital  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID:** 17083503  
 Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William W. Semones

Mailing Address 2109 Link Road

City Lynchburg State VA Zip Code 24503-3031

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

Name of Employer Centra Health  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID:** 17083504  
 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 37 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Katharine M. Webb

Mailing Address 14 Bridgeway Road

City Richmond State VA Zip Code 23226-3302

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

Name of Employer Virginia Hospital & Healthcare Associa  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID: 17083510**  
Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Sean S McMurray, , FACHE

Mailing Address 351 Court Street NE

City Abingdon State VA Zip Code 24210-2955

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

Name of Employer Johnston Memorial Hospital  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID: 17083511**  
Amount of Each Receipt this Period 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mary L. Blunt

Mailing Address 801 Hidden Harbor Ct.

City Chesapeake State VA Zip Code 23322-7076

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

Name of Employer Sentara Healthcare  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009  
**Transaction ID: 17083512**  
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 38 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 235 Cantrell Avenue

City Harrisonburg State VA Zip Code 22801-3248

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

Name of Employer Rockingham Memorial Hospital Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009  
**Transaction ID: 17083514**  
Amount of Each Receipt this Period: 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Robin Depaoli

Mailing Address 8317 Stonewall Drive

City Vienna State VA Zip Code 22180-6949

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

Name of Employer Virginia Hospital Center - Arlington Occupation Senior Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: 17083515**  
Amount of Each Receipt this Period: 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert L Graves

Mailing Address 100 Sentara Circle

City Williamsburg State VA Zip Code 23188-5713

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

Name of Employer Sentara Williamsburg Regional Medical Occupation Vice President and Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: 17083516**  
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 39 / 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael K Kerner

Mailing Address 9025 Norwick Rd

City Richmond State VA Zip Code 23229-7760

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

Name of Employer: Bon Secours St. Mary's Hospital  
Occupation: Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: 17083518**  
 Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick B Nolan

Mailing Address 1000 N. Shenandoah Avenue

City Front Royal State VA Zip Code 22601

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

Name of Employer: Warren Memorial Hospital  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: 17083520**  
 Amount of Each Receipt this Period: 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Mason Moss

Mailing Address 2300 Opitz Boulevard

City Woodbridge State VA Zip Code 22191-3311

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

Name of Employer: Potomac Hospital  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: 17083521**  
 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 40 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark S. Stauder

Mailing Address 10005 Fox Spring Ct

City State Zip Code  
Oakton VA 22124-2658

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

Name of Employer Inova Health System 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  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17083522

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John T Gribbin

Mailing Address 5 Ephraim Road

City State Zip Code  
Clarksburg NJ 08510-1620

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

Name of Employer CentraState Healthcare System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17083555

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Director Policy Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 17083584

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 41 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Frankie T. Manning

Mailing Address 14811 SE 49th St.

City State Zip Code  
Bellevue WA 98006-3109

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

Name of Employer Occupation  
Puget Sound Behavioral Health Associate Director, Nursing Services

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 17134416

Amount of Each Receipt this Period

350.00

**B.**

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

Mailing Address 612 E Lamar Blvd Ste 900

City State Zip Code  
Arlington TX 76011-4130

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

Name of Employer Occupation  
Texas Health Resources System Chief Nurse Exec, Sr. VP

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 17134425

Amount of Each Receipt this Period

350.00

**C.**

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

Mailing Address 6483 W. 14 Road

City State Zip Code  
Mesick MI 49668-9583

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

Name of Employer Occupation  
Mercy Hospital Cadillac Patient Care Executive

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 17134487

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 42 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Claire Murray

Mailing Address 1501 Twelfth Ave.

City State Zip Code  
Watervliet NY 12189-2402

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

Name of Employer Occupation  
New York Organization Nurse Executives Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** 17134610

Amount of Each Receipt this Period  
350.00

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

Mailing Address 390 NB  
50 Newton Road

City State Zip Code  
Iowa City IA 52242-9296

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

Name of Employer Occupation  
University of Iowa College of Nursing Professor-Clinical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** 17134823

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1601 Tiffany Court

City State Zip Code  
Statesboro GA 30458

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

Name of Employer Occupation  
East Georgia Regional Medical Center Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** 17135347

Amount of Each Receipt this Period  
350.00

**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 43 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Gail Lovinger

Mailing Address 2225 Simpson

City State Zip Code  
Evanston IL 60201-3006

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President Association Governance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** 17136407

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Victor N Lee

Mailing Address P O Box 151

City State Zip Code  
Albion NE 68620-0151

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

Name of Employer Boone County Health 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  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** 17136409

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jonathan Applebaum

Mailing Address 393 Stonebrook Drive

City State Zip Code  
Galax VA 24333-6236

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

Name of Employer Twin County Regional Hospital  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** 17136412

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 44 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Linda Knodel, MHA, FACHE

Mailing Address 1916 North Grandview Lane

City Bismarck State ND Zip Code 58503-0843

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

Name of Employer St. Alexius Medical Center Occupation Assistant Admin./Director of Nursing

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 24 / 2009

**Transaction ID:** 17141029

Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. T. Jane Kamstra

Mailing Address 103 Tuscany Way

City Shavano Park State TX Zip Code 78249-2061

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

Name of Employer CHRISTUS Health Occupation Regional Director, Perioperative Care

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2009

**Transaction ID:** 17141037

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Beth Ann Taylor

Mailing Address 16 Dodge Place

City Grosse Pointe State MI Zip Code 48230-1939

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

Name of Employer John D. Dingell Veterans Affairs Medic Occupation Associate Director, Patient Care Servi

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2009

**Transaction ID:** 17142387

Amount of Each Receipt this Period 500.00

**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 45 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Patricia Taylor Campbell, RN, MSN	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 172 Morgan Bluff Rd. Post Office Box 33549	<b>Transaction ID:</b> 17142397
	City State Zip Code Mooreville NC 28117-8478	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Presbyterian Hospital Occupation Director, Women and Children's Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale, RN, MSN	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 101 Cambridge Street 220	<b>Transaction ID:</b> 17142401
	City State Zip Code Burlington MA 01803-3766	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Massachusetts Organization of Nurse Ex Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin, MSN, RN, C	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 105 Overleaf Pointe	<b>Transaction ID:</b> 17142403
	City State Zip Code Huntsville AL	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Methodist Le Bonheur Healthcare Occupation Sr. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line 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 46 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 1120 South Utica

City State Zip Code  
Tulsa OK 74104-4090

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

Name of Employer Hillcrest Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: 17142860  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley F Hupfeld

Mailing Address 3366 NW Expressway, Ste 800

City State Zip Code  
Oklahoma City OK 73112-4458

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

Name of Employer INTEGRIS Health Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: 17142870  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Raymond L Repogle

Mailing Address 1924 South Utica Avenue

City State Zip Code  
Tulsa OK 74104-6503

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

Name of Employer Continuous Care Center of Tulsa Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: 17142873  
Amount of Each Receipt this Period: 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles E Skillings

Mailing Address 1102 West MacArthur Street

City State Zip Code  
Shawnee OK 74804-1744

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

Name of Employer  
Unity Health Center

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** 17142876

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Maha Sultan, M.D.

Mailing Address 319 East Josephine

City State Zip Code  
Frederick OK 73542-2220

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

Name of Employer  
Memorial Hospital and Physician Group

Occupation  
Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** 17142877

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code  
Silver Spring MD 20906

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

Name of Employer  
American Hospital Association-Washingt

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2009

**Transaction ID:** 17201128

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **789.00**

**TOTAL** This Period (last page this line 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 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association  
Occupation President & CEO, AHA Solutions, Inc.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** 17201130

Amount of Each Receipt this Period  
44.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Vice President Executive Branch Relati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** 17201142

Amount of Each Receipt this Period  
39.00

**C.** Full Name (Last, First, Middle Initial)  
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 American Hospital Association-Washingt  
Occupation Senior Vice President & General Course

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** PR104572622391

Amount of Each Receipt this Period  
78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **161.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 69  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address One North Franklin Street Suite 32139		<b>Transaction ID:</b> PR1302378922391
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 86.96
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President	P/R Deduction (\$43.48 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.40	

**B.**

Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address One North Franklin		<b>Transaction ID:</b> PR1347703422391
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation Vice President Account Services	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 ▼ 810.00	

**C.**

Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address One North Franklin		<b>Transaction ID:</b> PR1347708422391
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 78.00
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, ASHHRA	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>204.96</b>
<b>TOTAL</b> This Period (last page this line 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 50 / 69
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John Slotman	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1384065322391
	City Washington State DC Zip Code 20004-2802	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Linda Fishman	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR327629122391
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 11004 Petersborough Drive	<b>Transaction ID:</b> PR327745922391
	City Rockville State MD Zip Code 20852-3249	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>234.00</b>
<b>TOTAL</b> This Period (last page this line 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 51 / 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009

Transaction ID: PR327812022391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 312.00

Date of Receipt 04 / 30 / 2009

Transaction ID: PR327858022391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 312.00

Date of Receipt 04 / 30 / 2009

Transaction ID: PR327877822391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 234.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 69
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR328132822391
Name of Employer American Hospital Association-Washingt		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	78.00
			P/R Deduction (\$39.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach		Date of Receipt
	Mailing Address 204 7th Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 9
	City	State	Zip Code
	La Grange	IL	60525-6406
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR328136922391
Name of Employer American Hospital Association-Chicago		Occupation Sr. Vice President, Member Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	78.00
			P/R Deduction (\$39.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Chicago	IL	60640-1318
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR328223822391
Name of Employer American Hospital Association-Chicago		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	78.00
			P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	234.00
<b>TOTAL</b> This Period (last page this line 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 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Pollack

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 ▼ 312.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** PR328260922391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City Arnold State MD Zip Code 21012-2126

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

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Strategic Commun

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** PR328310422391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** PR328341822391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 234.00

**TOTAL** This Period (last page this line 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 / 69
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 200 Clover Hill Court	<b>Transaction ID:</b> PR328511822391
	City State Zip Code Yardley PA 19067-5736	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address One North Franklin	<b>Transaction ID:</b> PR329071322391
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 500 Interstate Boulevard South	<b>Transaction ID:</b> PR329215722391
	City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>234.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 69
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 4960 138th Cricle West	<b>Transaction ID:</b> PR330475422391
	City State Zip Code Apple Valley MN 55124-9229	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address PO Box 15587	<b>Transaction ID:</b> PR331416022391
	City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period 116.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$58.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Donald May	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 521 Great Falls St.	<b>Transaction ID:</b> PR331533222391
	City State Zip Code Falls Church VA 22046-2613	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>272.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>59717.46</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Norm Dicks For Congress		Date of Receipt
	Mailing Address PO Box 1663		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tacoma	WA	98401
	FEC ID number of contributing federal political committee.		Transaction ID: 17041090
	C C00037606		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1000.00"/>
Receipt For: 2008		Aggregate Year-to-Date ▼	Refund
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1000.00"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 69
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal	Date of Receipt
	Mailing Address 1215 K Street Suite 800	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2009
	City State Zip Code Sacramento CA 95814	<b>Transaction ID:</b> 17052436
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00237495	Amount of Each Receipt this Period <input type="text"/> 25000.00
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 75000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC	Date of Receipt
	Mailing Address One Empire Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 29 / 2009
	City State Zip Code Rensselaer NY 12144	<b>Transaction ID:</b> 17136408
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00160259	Amount of Each Receipt this Period <input type="text"/> 10000.00
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 60000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal	Date of Receipt
	Mailing Address Post Office Box 8600	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 08 / 2009
	City State Zip Code Harrisburg PA 17105-8600	<b>Transaction ID:</b> 17195366
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00128082	Amount of Each Receipt this Period <input type="text"/> 10000.00
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 45000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 45000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 / 69	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt	
	Mailing Address 1400 G Street, NW		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 17200034
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	169.61
Name of Employer		Occupation		Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1497.74		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	169.61
<b>TOTAL</b> This Period (last page this line number only) .....	▶	169.61

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02</p>	<p><b>Transaction ID:</b> 17060131 <b>Date of Disbursement</b> 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Campbell For Congress</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 48</p>	<p><b>Transaction ID:</b> 17060133 <b>Date of Disbursement</b> 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ed Royce For Congress</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 40</p>	<p><b>Transaction ID:</b> 17060134 <b>Date of Disbursement</b> 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1900.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Bob Casey for Senate Committee

Transaction ID: 17060135  
Date of Disbursement

Mailing Address 607 14th Street NW  
#800

/   /

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
2012 Contribution

Category/  
Type

Candidate Name  
Sen. Bob Casey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

2012 Contribution

State: PA District:

B.

Full Name (Last, First, Middle Initial)  
Shelby For U S Senate

Transaction ID: 17060137  
Date of Disbursement

Mailing Address Post Office Box 1091

/   /

City Tuscaloosa State AL Zip Code 35403

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
Sen. Richard C. Shelby

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Contribution

State: AL District:

C.

Full Name (Last, First, Middle Initial)  
Citizens For Bunning

Transaction ID: 17060144  
Date of Disbursement

Mailing Address 1717 Dixie Highway Suite 180

/   /

City Ft Wright State KY Zip Code 41011

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
Sen. James Bunning

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Contribution

State: KY District:

SUBTOTAL of Disbursements This Page (optional) .....

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephen F. Lynch For Congress Committee</p> <p>Mailing Address 105 Farragut Road</p> <p>City South Boston State MA Zip Code 02127</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Stephen F. Lynch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17060148 <b>Date of Disbursement</b> 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Norm Dicks For Congress</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Norman D. Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17060151 <b>Date of Disbursement</b> 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fund for America's Future</p> <p>Mailing Address PO Box 1371</p> <p>City Columbia State SC Zip Code 29202</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Fund for America's Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199777 <b>Date of Disbursement</b> 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2009 Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Longleaf Pine PAC	Transaction ID: 17199779 Date of Disbursement 04 / 23 / 2009
	Mailing Address 703 Green Valley Road Suite 201	Amount of Each Disbursement this Period 1000.00
	City Greensboro State NC Zip Code 27408	
	Purpose of Disbursement 2009 Contribution	011 Category/ Type
	Candidate Name Longleaf Pine PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2009 Contribution
	State: District:	

B.	Full Name (Last, First, Middle Initial) PEN PAC (Principles Exalt a Nation)	Transaction ID: 17199781 Date of Disbursement 04 / 23 / 2009
	Mailing Address PO Box 1131	Amount of Each Disbursement this Period 1000.00
	City Anderson State IN Zip Code 46015	
	Purpose of Disbursement 2009 Contribution	011 Category/ Type
	Candidate Name PEN PAC (Principles Exalt a Nation)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2009 Contribution
	State: District:	

C.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 17199783 Date of Disbursement 04 / 23 / 2009
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 2500.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Sen. Patty Murray	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
	State: WA District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Chris Dodd	Transaction ID: 17199785 Date of Disbursement
	Mailing Address PO Box 270701	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City West Hartford State CT Zip Code 06127	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Sen. Christopher J. Dodd	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Contribution

B.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 17199792 Date of Disbursement
	Mailing Address P.O. Box 8666	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 Contribution	<input type="text" value="2000.00"/>
	Candidate Name Sen. Ben Nelson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	2012 Contribution

C.	Full Name (Last, First, Middle Initial) Jim Jordan For Congress	Transaction ID: 17199794 Date of Disbursement
	Mailing Address 1709 State Route 560 South	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Urbana State OH Zip Code 43078	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Jim Jordan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 04	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199796</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Berman For Congress</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Howard L. Berman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199797</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee</p> <p>Mailing Address Post Office Box 2145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joe Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199798</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bright For Congress.Com</p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bobby Neal Bright, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199809 <b>Date of Disbursement</b> 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199810 <b>Date of Disbursement</b> 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) McCollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17199811 <b>Date of Disbursement</b> 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 17200051 Date of Disbursement
	Mailing Address P.O. Box 8331	<input type="text" value="04"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Rep. Fortney Peter Stark	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Lautenberg For Senate	Transaction ID: 17200052 Date of Disbursement
	Mailing Address Riverfront Plaza Station PO Box 200596	<input type="text" value="04"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Newark State NJ Zip Code 07102	Amount of Each Disbursement this Period
	Purpose of Disbursement 2014 Contribution	<input type="text" value="1000.00"/>
	Candidate Name Sen. Frank R. Lautenberg	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	2014 Contribution
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Frelinghuysen For Congress	Transaction ID: 17200054 Date of Disbursement
	Mailing Address 19 Cattano Avenue	<input type="text" value="04"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Morristown State NJ Zip Code 07960	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Rodney P. Frelinghuysen	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 69

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John A. Boehner

010  
 012  
 011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17200055  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution

B.

Full Name (Last, First, Middle Initial)  
Friends Of Jim Marshall

Mailing Address 586 Orange Street

City State Zip Code  
Macon GA 31201

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim Marshall

010  
 012  
 011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17200056  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 17199976  
Date of Disbursement  
04 / 01 / 2009

Amount of Each Disbursement this Period  
4.95

001  
Category/  
Type

Merchant Fees

**B.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 17199990  
Date of Disbursement  
04 / 06 / 2009

Amount of Each Disbursement this Period  
39.01

001  
Category/  
Type

Merchant Fees

**C.** Full Name (Last, First, Middle Initial)  
Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 17200026  
Date of Disbursement  
04 / 03 / 2009

Amount of Each Disbursement this Period  
80.00

001  
Category/  
Type

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 123.96

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 17200027 Date of Disbursement 04 / 06 / 2009
	Mailing Address 1601 Elm Street	Amount of Each Disbursement this Period 294.64
	City Dallas State TX Zip Code 75201	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.	Transaction ID: 17200030 Date of Disbursement 04 / 20 / 2009
	Mailing Address 1400 G Street, NW	Amount of Each Disbursement this Period 97.49
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

SUBTOTAL of Disbursements This Page (optional) .....

392.13

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

516.09