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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2009 04 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 07 3 1 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/69

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Hospital Association PAC D [®]D 0 4 0 1 2009 0 4 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 1339674.06 January 1 (b) Cash on Hand at 1261865.49 Begining of Reporting Period 123290.53 366484.02 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1385156.02 1706158.08 6(a) and 6(c) for Column B) 33666.09 354668.15 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1351489.93 1351489.93 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 69

Write or Type Committee Name
American Hospital Association PAC

American Hospital Association FAC

Report Covering the Period:

м м 0 4

From:

D D 1

2009

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м м 0 4 ^D 3 0

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	77120.92	163886.28
	Transfers From Affiliated/Other Party Committees	45000.00	200100.00
3. /	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
((Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	to Federal candidates and Other Political Committees	1000.00	1000.00
	Other Federal Receipts (Dividends, Interest, etc.)	169.61	1497.74
	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	123290.53	366484.02
	Fotal Federal Receipts (subtract Line 18(c) from Line 19)	123290.53	366484.02

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 69

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	516.09	3318.15
	Expenditures(c) Total Operating Expenditures	310.03	3318.13
	(add 21(a)(i), (a)(ii) and (b))	516.09	3318.15
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	33150.00	351350.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Lagra Mada	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(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	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	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) 5 / 69

	1 20 1 01111 0X (110V: 02/2000)		
	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
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	77120.92	163886.28
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	516.09	3318.15
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	516.09	3318.15

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	or for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committed.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Gerald Stoeckigt		Date of Receipt
	Mailing Address One North Franklin		04 03 7 2009
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: 17036773
	FEC ID number of contributing federal political committee.	C 00000-3430	Amount of Each Receipt this Period 500.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Advertising, Health Fo	orum
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Jean Aycock, CPA Mailing Address - RO1 North Colle Street		Date of Receipt
	Mailing Address 821 North Cobb Stree		04 06 2009
	City	State Zip Code	Transaction ID: 17038635
	Milledgeville FEC ID number of contributing federal political committee.	GA 31061-2351	Amount of Each Receipt this Period 250.00
	Name of Employer Oconee Regional Medical Center	Occupation President and CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Mr. Tim Stack, , FACHE		Date of Receipt
	Mailing Address 2001 Peachtree Rd N	Ξ, 400	0 4 0 6 2 0 0 9
	City	State Zip Code	Transaction ID: 17038637
	Atlanta FEC ID number of contributing federal political committee.	GA 30309-1476	Amount of Each Receipt this Period 500.00
	Name of Employer Piedmont Healthcare	Occupation President and Chief Executive Of	fficer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .		1250.00
	TOTAL This Period (last page this line number		•

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. John A Quinn		Date of Receipt
	Mailing Address P O Drawer 'V' City	State Zip Code	0 4 0 6 2 0 0 9 Transaction ID: 17038641
	Griffin FEC ID number of contributing federal political committee.	GA 30224-1168	Amount of Each Receipt this Period 250.00
	Name of Employer Spalding Regional Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Ben Underwood Mailing Address 2104 Murren Drive		Date of Receipt 0 4 0 6 2 0 0 9
	City	State Zip Code	Transaction ID: 17038643
	Smyrna	GA 30080-6520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Talbott Recovery Campus	Occupation President & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Paul Rutledge, FACHE	1	Date of Receipt
	Mailing Address 110 Winners Circle First Floor		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code TN 37027-5070	Transaction ID: 17039150
	Brentwood FEC ID number of contributing federal political committee.	TN 37027-5070	Amount of Each Receipt this Period 1000.00
	Name of Employer HCA	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		1500.00

or for commerce NAME OF Commerce American Full Name (Mr. William) Mailing Add City Parsons FEC ID nur federal polit Name of En Labette Hea Receipt For Prima Other Full Name (Mr. Kevin Nomaling Add City Omaha	cial purposes, other than using the COMMITTEE (In Full) Hospital Association PAC (Last, First, Middle Initial) K Mahoney Hress 511 Cedar Cove	State Zip Code KS 67357-2256 C Occupation Chief Executive Officer Aggregate Year-to-Date	cal committee to solid	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Mr. William Mailing Add City Parsons FEC ID nur federal polit Name of En Labette Hea Receipt For Prima Other Full Name (Mr. Kevin No Mailing Add City Omaha	Hospital Association PAC (Last, First, Middle Initial) K Mahoney dress 511 Cedar Cove mber of contributing ical committee. mployer alth :: ary General	C Occupation Chief Executive Officer Aggregate Year-to-Date		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. William Mailing Add City Parsons FEC ID nur federal polit Name of Er Labette Hea Receipt For Prima Other Full Name (Mr. Kevin Na Mailing Add City Omaha	Mahoney Iress 511 Cedar Cove Imber of contributing ical committee. Imployer alth Imployer alth	C Occupation Chief Executive Officer Aggregate Year-to-Date		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Parsons FEC ID nur federal polit Name of Er Labette Hea Receipt For Prima Other Full Name (Mr. Kevin No Mailing Add City Omaha	mber of contributing ical committee. mployer alth :: ary General	C Occupation Chief Executive Officer Aggregate Year-to-Date		Transaction ID: 17041134 Amount of Each Receipt this Period
Parsons FEC ID nur federal polit Name of En Labette Hea Receipt For Prima Other Full Name (Mr. Kevin Name	nployer alth :: ary General	C Occupation Chief Executive Officer Aggregate Year-to-Date		Amount of Each Receipt this Period
Receipt For Prima Other Full Name (Mr. Kevin No Mailing Add City Omaha	nployer alth :: ary General	Occupation Chief Executive Officer Aggregate Year-to-Date		
Receipt For Prima Other Full Name (Mr. Kevin No Mailing Add City Omaha	r: General	Chief Executive Officer Aggregate Year-to-Date ▼		
Full Name (Mr. Kevin No Mailing Add City Omaha	ary General			
Mr. Kevin No. Mailing Add City Omaha			250.00	
City Omaha				Date of Receipt
<u>Omaha</u>	dress 9690 Meadow Dr			04 08 2009
		State Zip Code		Transaction ID: 17041285
	mber of contributing ical committee.	NE 68114-1271		Amount of Each Receipt this Period 350.00
Name of En Alegent-He	nployer alth	Occupation Vice President		
Receipt For Prima Other		Aggregate Year-to-Date ▼	350.00	
Full Name ((Last, First, Middle Initial) Matessino			Date of Receipt
Mailing Add	dress 9521 Brookline Avenue	9		$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City		State Zip Code LA 70809-8409	_	Transaction ID: 17041384
	nber of contributing ical committee.	C 70809-8409		Amount of Each Receipt this Period 1000.00
Name of En Louisiana H ation	mployer Hospital Associ-	Occupation President & Chief Execu	utive Officer	
Receipt For Prima		Aggregate Year-to-Date ▼	1000.00	
SUBTOTAL of	of Receipts This Page (optional)	I		1600.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , FACHE Mailing Address P O Box 95009 City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Woman's Hospital Receipt For: Primary General Other (specify)	State Zip Code LA 70895-9009 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE Mailing Address P O Box 2511 City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Baton Rouge General Medical Center Receipt For: Primary General Other (specify)	State Zip Code LA 70821-2511 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M O B O B O D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Mr. Robert L Hawley, , Jr., FAC Mailing Address 1001 Gause Boulevar City Slidell FEC ID number of contributing federal political committee. Name of Employer Slidell Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code LA 70458-2987 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M O B O B O D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional) .	······	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 69 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE Mailing Address P O Box 1901 City Monroe	State Zip Code LA 71210-1901	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer St. Patrick's Psychiatric Hospital Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Mr Warner L Thomas Mailing Address 1514 Jefferson High City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
New Orleans FEC ID number of contributing federal political committee. Name of Employer Ochsner Medical Center Receipt For: Primary General Other (specify)	C Occupation President and Chief Operating Officer Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. John J Finan, , Jr. Mailing Address 4200 Essen Lane City Baton Rouge	State Zip Code LA 70809-2196	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Franciscan Missionaries of Our Lady He Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	500.00
SUBTOTAL of Receipts This Page (optional	l)	1500.00

State Zip Code LA 70809-8409 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Metropolitical committee. Name of Employer Metropolitical committee. Name of Employer Primary General Other (specify) ▼ Primary General Other (specify) ▼ City State Zip Code LA 70420-3331 FEC ID number of contributing federal political committee. City State Zip Code LA 70420-3331 Fell Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code LA 70420-3331 Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code LA 70420-3331 Full Name (Last, First, Middle Initial) Mr. Mitton D Bourgeois, Jr. Mailing Address 4608 Highway 1 City State Zip Code President & Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Mitton D Bourgeois, Jr. Mailing Address 4608 Highway 1 City State Zip Code LA 70394-2623 Full Name (Last, First, Middle Initial) Mr. Mitton D Bourgeois, Jr. Mailing Address 4608 Highway 1 City State Zip Code LA 70394-2623 Full Name (Last, First, Middle Initial) Mr. Mitton D Bourgeois, Jr. Mailing Address 4608 Highway 1 City State Zip Code LA 70394-2623 Amount of Each Receipt this Transaction ID: 17041393 Amount of Each Receipt this Cuty State Zip Code LA 70394-2623 Amount of Each Receipt this Cuty State Zip Code LA 70394-2623 Amount of Each Receipt this Aggregate Year-to-Date ▼ Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date ▼	11 / 69 12 16 17
American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA Mailing Address 9521 Brookline Avenue City State Zip Code Baton Rouge LA 70899-8499 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Paul A. Salles Mailing Address 644 Apache Drive City State Zip Code LA 70420-3331 FEC ID number of contributing federal political committee. City State Zip Code Aggregate Year-to-Date ▼ Merropolitian Hospital Council of New O Receipt For: Aggregate Year-to-Date ▼ Mr. Rame of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Paul A. Salles Aggregate Year-to-Date ▼ Transaction ID: 17041392 Amount of Each Receipt this Date of Receipt Transaction ID: 17041392 Amount of Each Receipt this Date of Receipt Transaction ID: 17041393 Amount of Each Receipt this Date of Receipt Transaction ID: 17041393 Amount of Each Receipt this Date of Receipt Transaction ID: 17041393 Amount of Each Receipt this Transaction ID: 17041393 Amount of Each Receipt this Date of Receipt Transaction ID: 17041393 Amount of Each Receipt this Date of Receipt Transaction ID: 17041393 Amount of Each Receipt this	butions mittee.
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. Primary General Other (specify) ▼	
City State Zip Code	
Baton Rouge EC ID number of contributing federal political committee. C C C C C C C C C	2009
FEC ID number of contributing federal political committee. Name of Employer Louisiana Hospital Association Receipt For: Primary General Other (specify) ▼	Daviad
Receipt For:	500.00
Mailing Address 644 Apache Drive City State Zip Code LA 70420-3331 FEC ID number of contributing federal political committee. Name of Employer Metropolitical Council of New O Receipt For: Primary General Other (specify) ▼ City State Zip Code LA 70420-3331 Coccupation President & Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 17041392 Amount of Each Receipt this Total 1392 Amount of Each Receipt this Transaction ID: 17041392 Amount of Each Receipt this Date of Receipt Transaction ID: 17041392 Amount of Each Receipt this Date of Receipt Transaction ID: 17041392 Date of Receipt this Transaction ID: 17041392 Transaction ID: 17041393 Amount of Each Receipt this Date of Receipt M M M / D D D / Y Y Y Y D D D D D D D D D D D	
City State Zip Code LA 70420-3331 FEC ID number of contributing federal political committee. Name of Employer Metropolitian Hospital Council of New O Receipt For: Primary General Other (specify) ▼ City State Zip Code LA 70420-3331 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Mr. Milton D Bourgeois, , Jr. Mailing Address 4608 Highway 1 City State Zip Code LA 70394-2623 FEC ID number of contributing federal political committee. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Amount of Each Receipt this FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼	YYY
Abita Springs LA 70420-3331 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Metropolitan Hospital Council of New O Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Milton D Bourgeois, Jr. Mailing Address 4608 Highway 1 City State Zip Code LA 70394-2623 FEC ID number of contributing federal political committee. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Amount of Each Receipt this	2009
FEC ID number of contributing federal political committee. Name of Employer Metropolitan Hospital Council of New O Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Milton D Bourgeois, , Jr. Mailing Address 4608 Highway 1 City State Zip Code LA 70394-2623 FEC ID number of contributing federal political committee. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 17041393 Amount of Each Receipt this	Dariad
ncil of New O Receipt For:	750.00
Primary General Other (specify) ▼ 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. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General	
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. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Aggregate Year-to-Date ▼	
City State Zip Code Raceland LA 70394-2623 FEC ID number of contributing federal political committee. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Aggregate Year-to-Date P	
City State Zip Code Raceland LA 70394-2623 FEC ID number of contributing federal political committee. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Primary General General Primary General Foo Code Transaction ID: 17041393 Amount of Each Receipt this Code Transaction ID: 17041393	2009
FEC ID number of contributing federal political committee. Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General General C C C C C C C Aggregate Year-to-Date ▼	
Name of Employer Ochsner St. Anne General Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date Foo on	Period
Ochsner St. Anne General Hospital Receipt For: Primary General Chief Executive Officer Aggregate Year-to-Date Foo op	500.00
Primary General 500.00	
F00 00 11	
Other (specify) ▼	
SUPTOTAL of Possints This Page (optional)	750.00
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 69 (check only one) X 11a
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Bernard Leger		Date of Receipt
Mailing Address 524 South Ryan Stree		04 08 2009
City	State Zip Code	Transaction ID: 17041394
Lake Charles	LA 70601-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHRISTUS St. Patrick Hosp- ital of Lake	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Gary Keller		Date of Receipt
Mailing Address 1101 Kaliste Saloom	Road	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 17041395
<u>Lafayette</u>	LA 70508-5705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lafayette Surgical Specia- Ity Hospital	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Diane M. Kazmierski		Date of Receipt
Mailing Address 4736 Royal Palm Circ	cle, NE	04 09 2009
City	State Zip Code	Transaction ID: 17052367
Saint Petersburg	FL 33703-3138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BayCare Health System	Occupation Vice President, Managed Care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
SUBTOTAL of Receipts This Page (optional)		750.00
	r 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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	ratements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Philip E. Boyce Mailing Address 3563 Phillips Highway Suite 101 City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Baptist Health Receipt For: Primary General Other (specify)	State Zip Code FL 32207-5663 C Occupation Senior Vice President Aggregate Year-to-Date 250.00	Date of Receipt M M O D D C 2009 Transaction ID: 17052368 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. John R. Brownlow Mailing Address 5608 Bear Lake Circle City Apopka FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Receipt For: Primary General Other (specify)	State Zip Code FL 32703-1916 C Occupation Vice President and Chief Operating Of Aggregate Year-to-Date 250.00	Date of Receipt M M O 9 Transaction ID: 17052369 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Dana Ferrell Mailing Address 3303 Park Street City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Nemours Children's Clinic Receipt For: Primary General Other (specify)	State Zip Code FL 32205-7830 C Occupation Director of Government Relations Aggregate Year-to-Date 500.00	Date of Receipt M M O 4
SUBTOTAL of Receipts This Page (optional)	•	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Kathy A. Reep		Date of Receipt
	Mailing Address 19 W. New Hampshire		04 09 2009
	City	State Zip Code	Transaction ID: 17052376
	Orlando	FL 32804-5911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Florida Hospital Associat- ion - Orlando	Occupation Vice President, Financial Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. John E. Mines		Date of Receipt
-	Mailing Address 1991 Killarney Drive		0 4 0 9 2 0 0 9
	City	State Zip Code	Transaction ID: 17052380
	Winter Park	FL 32789-3527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Florida Hospital Associat- ion	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
-).	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben		Date of Receipt
	Mailing Address 306 East College Avenue	ue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17052381
	Tallahassee	FL 32301-1522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1500.00
	Name of Employer Florida Hospital Associat- ion	Occupation President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	
	SUBTOTAL of Receipts This Page (optional)		3000.00
H	dgo (optional)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 69 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jerry Palmer Mailing Address 307 Park Lake Circle)		Date of Receipt
City Orlando FEC ID number of contributing	State FL	Zip Code 32803-3923	Transaction ID: 17052382 Amount of Each Receipt this Period
federal political committee. Name of Employer Florida Hospital Association Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate		500.00
Full Name (Last, First, Middle Initial) Dr. Walter Ettinger, , M.D. Mailing Address 55 Lake Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worcester FEC ID number of contributing federal political committee.	State MA	Zip Code 01655-0002	Transaction ID: 17052450 Amount of Each Receipt this Period 500.00
Name of Employer UMass Memorial Medical Center Receipt For: Primary General Other (specify)	_, '	n t and Chief Executive Office Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Linda B. Bolton Mailing Address 8700 Beverly Blvd.	· ·		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Hollywood FEC ID number of contributing federal political committee.	State CA	Zip Code 90048-1865	Transaction ID: 17052453 Amount of Each Receipt this Period 1000.00
Name of Employer Cedars-Sinai Medical Cent- er Receipt For:	Occupation Vice Pres	n sident Nursing Year-to-Date	
Primary General Other (specify) ▼	35.153.0	1000.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Sandra G. Reeves		Date of Receipt
Mailing Address 611 Ryan Plaza Dr S Suite 630 City	te 630 State Zip Code	0 4 1 0 2 0 0 9 Transaction ID: 17052455
Arlington	TX 76011-4019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Texas Health Resources - Finance Offic	Occupation VP of Treasury Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Sarah B. Buck		Date of Receipt
Mailing Address 2052 Pinehurst Drive		04 10 7 2009
City	State Zip Code	Transaction ID: 17052458
Ames	IA 50010-4561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Greeley Medical Cent- er	Occupation Trustee & Board Chair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Linda S. Quick		Date of Receipt
Mailing Address 1530 Gabriel Street		04 10 7 2009
City Hollywood	State Zip Code FL 33020-3228	Transaction ID: 17052460 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer South Florida Hospital As- sociation, In	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Patricia Yoder-Wise		Date of Receipt
Mailing Address 7309 93rd Street		04 10 2009
City	State Zip Code	Transaction ID: 17052461
Lubbock	TX 79424-4939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Texas Tech University Hea- Ith	Occupation Professor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Maureen Swick		Date of Receipt
Mailing Address 32 Blair Court		04 10 2009
City	State Zip Code	Transaction ID: 17052462
<u>Ocean</u>	NJ 07712-3222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
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	
Full Name (Last, First, Middle Initial) Mr. Kim C. Byas, Sr., MPH,		Date of Receipt
Mailing Address One North Franklin		04 10 2009
City Chicago	State Zip Code IL 60606-3436	Transaction ID: 17052465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) >	1100.00

Any information copied from such Reports and Stator for commercial purposes, other than using the notation of	State Zip Code MO 63105-1817 C Occupation Senior Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M M D D D 2009 Transaction ID: 17052468 Amount of Each Receipt this Period
Mr. Alan Sauber Mailing Address 7733 Forsyth Blvd Suite 2300 City Saint Louis FEC ID number of contributing federal political committee. Name of Employer RehabCare Group, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE Mailing Address 622 Sheridan Square Unit 3	MO 63105-1817 C Occupation Senior Vice President Aggregate Year-to-Date 350.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Saint Louis FEC ID number of contributing federal political committee. Name of Employer RehabCare Group, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE Mailing Address 622 Sheridan Square Unit 3	MO 63105-1817 C Occupation Senior Vice President Aggregate Year-to-Date 350.00	Amount of Each Receipt this Period
Name of Employer RehabCare Group, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE Mailing Address 622 Sheridan Square Unit 3	Occupation Senior Vice President Aggregate Year-to-Date ▼ 350.00	-
Ms. Debbie J. Bowen, FACHE, CAE Mailing Address 622 Sheridan Square Unit 3		
0'1		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Evanston FEC ID number of contributing federal political committee.	State Zip Code IL 60202-4751	Transaction ID: 17052475 Amount of Each Receipt this Period 350.00
Name of Employer American College of Healt- hcare Executi Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President & COP Aggregate Year-to-Date ▼ 350.00	-
Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder Mailing Address 640 West Washington S	treet	Date of Receipt
City Pittsfield	State Zip Code IL 62363-1350	Transaction ID: 17052479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illini Community Hospital	Occupation Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1700.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e Circuit only
A 0	r for commercial purposes, other than using the	tatements may not be sold or used by ar name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. Thomas O. Barnes		Date of Receipt
	Mailing Address 1900 Perkins St.		04 10 2009
	City Bristol	State Zip Code CT 06010-8924	Transaction ID: 17052485 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Bristol Hospital	Occupation Chairman of the Board	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.0	00
- s.	Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr. Mailing Address P O Box 1367		Date of Receipt
			04 10 2009
	City Indianapolis	State Zip Code IN 46206-1367	Transaction ID: 17052491 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Clarian Health	Occupation President and Chief Executive	Officer
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00
	Full Name (Last, First, Middle Initial) Ms. Mary-Anne Ponti		Date of Receipt
	Mailing Address 3070 Morford Road		04 10 2009
	City	State Zip Code	Transaction ID: 17052495
	Petoskey FEC ID number of contributing federal political committee.	MI 49770-9234	Amount of Each Receipt this Period 250.00
	Name of Employer Northern Michigan Regional Hospital	Occupation Chief Nurse Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00
Γ,	SUBTOTAL of Receipts This Page (optional)	ı	1750.00

SCHEDULE A (FEC FO	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such F or for commercial purposes, other to	eports and Statements may not nan using the name and addres	be sold or used by any person sof any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful American Hospital Associa	•		
Full Name (Last, First, Middle In Ms. Diane McDaniel	tial)		Date of Receipt
Mailing Address 1853 Exete	r Dr		04 / 10 / 2009
City	State	Zip Code	Transaction ID: 17052507
Sierra Vista	AZ	85635-4864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sierra Vista Regional Hea- Ith Center	Occupation Trustee		
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	1 1 1	350.00	
Full Name (Last, First, Middle In Mr. William Gracey	tial)		Date of Receipt
Mailing Address 103 Powell	Court, Suite 200		04 09 2009
City	State	Zip Code	Transaction ID: 17052509
Brentwood	TN	37027-5079	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Chief Opera	ting Officer	
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle In Ms. Karen Utley	itial)		Date of Receipt
Mailing Address 708 West F	orest Avenue		04 09 7 2009
City	State	Zip Code	Transaction ID: 17052510
<u>Jackson</u>	TN	38301-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer West Tennessee Healthcare	Occupation Vice Preside	nt, System Services	
Receipt For:	Aggregate Yea	ar-to-Date 🔻	
Primary General Other (specify) ▼	0 0 0	350.00	
SUBTOTAL of Receipts This Pag	e (optional)		1700.00
TOTAL This Period (last page this		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 69 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAG			
Full Name (Last, First, Middle Initial) Mr. Scott C Malaney			Date of Receipt
Mailing Address 1900 South Main S	treet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Findlay	State OH	Zip Code 45840-1214	Transaction ID: 17052512 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Blanchard Valley Health System Receipt For: Primary General Other (specify) ▼		t and Chief Executive Officer Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing Mailing Address 750 Fairview Drive	•		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17052513
Lancaster	OH	43130-3313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		292.50
Name of Employer Fairfield Medical Center	Occupatio Presiden	n t and Chief Executive Office	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 292.50	
Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan			Date of Receipt
Mailing Address 54 West Weisheim	er Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43214-2545	Transaction ID: 17052515
FEC ID number of contributing federal political committee.	C	43214-2343	Amount of Each Receipt this Period 250.00
Name of Employer Ohio Hospital Association	Occupatio Vice Pres	n sident, State Policy & Advoc	ac
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ત્રી)		1042.50

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Stanley R Korducki		Date of Receipt
Mailing Address 950 West Wooster S		04 10 7 2009
City Rowling Groop	State Zip Code OH 43402-2603	Transaction ID: 17052516
Bowling Green FEC ID number of contributing federal political committee.	OH 43402-2603	Amount of Each Receipt this Period 500.00
Name of Employer Wood County Hospital	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Fred M DeGrandis		Date of Receipt
Mailing Address 18101 Lorain Avenue	e	04 10 7 2009
City	State Zip Code	Transaction ID: 17052517
Cleveland	OH 44111-5612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairview Hospital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
Mailing Address 257 Clouse Lane		04 10 2009
City	State Zip Code	Transaction ID: 17052563
Granville	OH 43023-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 69 (check only one) X 11a 11b 11c 12
· · ·	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D. Mailing Address 189 Upland Road		Date of Receipt
City	State Zip Code	0 4 1 0 2 0 0 9 Transaction ID: 17052572
Cambridge	MA 02140-3604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cambridge Health Alliance	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings Mailing Address 901 Pequot Aven		Date of Receipt
Mailing Address 901 Pequot Avert	ue	04 10 2009
City	State Zip Code	Transaction ID: 17052938
New London	CT 6320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lawrence & Memorial Hospi- tal	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Edward Andersen	•	Date of Receipt
Mailing Address 100 East LeFevre		04 / 13 / 2009
City	State Zip Code	Transaction ID: 17053606
Sterling	IL 61081-1279	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer CGH Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optic	nal)	1800.00
TOTAL This Period (last page this line nu	umber only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 69 (check only one) X 11a
or fo	information copied from such Reports and St r commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\	IAME OF COMMITTEE (In Full) American Hospital Association PAC			
A. <u>N</u>	ull Name (Last, First, Middle Initial) fr. Matthew J. Angela			Date of Receipt
N	Mailing Address 1151 East Warrenville	Rd.		04 13 2009
	ity	State	Zip Code	Transaction ID: 17053608
7	laperville	<u> </u>	60563-9339	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
<u>ti</u>	lame of Employer linois Hospital Associa- on	Occupation Manager	1	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
	ull Name (Last, First, Middle Initial) Ir Daniel E Baker	<u> </u>		Date of Receipt
_	lailing Address 800 NE Glen Oak Aver	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 17053609
_	Peoria	IL	61603-3200	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		750.00
N C	lame of Employer OSF Healthcare System	Occupation Chief Fin	n ancial Officer	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	ull Name (Last, First, Middle Initial) fr. B. Bradford Billings			Date of Receipt
N	failing Address 2829 Cheswick Rd.			04 13 7 2009
	ity Quincy	State IL	Zip Code 62301-6380	Transaction ID: 17053610 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		400.00
N E	lame of Employer Blessing Hospital	Occupation President	n t and Chief Executive Office	r
R	leceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
sur	BTOTAL of Receipts This Page (optional)			1400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Mr Edgar J Curtis, , R.N. Mailing Address 701 North First Street City Springfield	State Zip Code IL 62781-0001	Date of Receipt 0 4 1 3 2 0 0 9 Transaction ID: 17053611 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For: Primary General	Occupation Chief Executive Officer Aggregate Year-to-Date ▼	1000.00
 3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. David S. Fox Mailing Address 3815 Highland Avenue	1000.00	Date of Receipt
	City Downers Grove FEC ID number of contributing federal political committee. Name of Employer Advocate Good Samaritan Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 60515-1500 C Occupation President Aggregate Year-to-Date 1000.00	Transaction ID: 17053613 Amount of Each Receipt this Period 1000.00
	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH Mailing Address 2701 West 68th Street City Chicago	State Zip Code IL 60629-1813	Date of Receipt M M M D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 1000.00	1000.00
s	UBTOTAL of Receipts This Page (optional)		3000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 / 69 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Keith E Steffen			Date of Receipt
•	Mailing Address 530 NE Glen Oak Aver	nue		0 4 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 17053622
	<u>Peoria</u>	IL	61637-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer OSF Saint Francis Medical Center	Occupation Administr	rator and Chief Executive Of	— ffi
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00]
	Full Name (Last, First, Middle Initial) Ms. Mary Krinkie			Date of Receipt
	Mailing Address 2550 University Avenu Suite 350-S	e W.		04 13 2009
	City	State	Zip Code	Transaction ID: 17053629
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Minnesota Hospital Associ- ation	Occupation Vice Pres	n sident, Government Relation	us .
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Alan Schilmoeller			Date of Receipt
	Mailing Address 200 First Street, SW			04 13 2009
	City	State	Zip Code	Transaction ID: 17053637
	Rochester	MN	55905-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mayo Clinic	Occupation Vice Cha	n ir, Operations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_		1		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 69 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Joseph Messmer Mailing Address 1512 12th Avenue Ro. City Nampa FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center Receipt For:	State Zip Code ID 83686-6008 C Occupation President and Chief Executive Officer Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Margaret Soulen Hinson	500.00	Date of Receipt
Mailing Address 645 East Fifth Street City Weiser FEC ID number of contributing federal political committee. Name of Employer Weiser Memorial Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code ID 83672-2202 C Occupation Chair, Board of Trustees Aggregate Year-to-Date 250.00	Transaction ID: 17054227 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Victoria A Alexander Mailing Address P O Box 700 City Salmon FEC ID number of contributing federal political committee. Name of Employer Steele Memorial Medical Center Receipt For: Primary General Other (specify)	State Zip Code ID 83467-0700 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fe	Use separate schedule(s) or each category of the Oetailed Summary Page	FOR LINE NUMBER: PAGE 28 / 69 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not he name and address	be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Rod Barton Mailing Address 777 Avenue 'H'			Date of Receipt
City Powell	State WY	Zip Code 82435-2260	Transaction ID: 17054234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Powell Valley Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Chief Execut Aggregate Yea		
Full Name (Last, First, Middle Initial) Dr. M Joy Drass, , M.D. Mailing Address 3800 Reservoir Road	d NW		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17064872
Washington	DC	20007-2113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer MedStar-Georgetown Medical Center Receipt For:	Occupation President	water Debte . W	
Primary General Other (specify) ▼	Aggregate Yea	500.00]
Full Name (Last, First, Middle Initial) Ms. Sally Nelson			Date of Receipt
Mailing Address PO Box 4001			04 17 2009
City	State	Zip Code	Transaction ID: 17064874
Huntsville	TX	77342-4001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Huntsville Memorial Hospi- tal	Occupation Chief Execut		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	1000.00	
SUBTOTAL of Receipts This Page (optional)	1		1850.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 69 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Ms. Kimber Wraalstad		Date of Receipt
Mailing Address P O Box 759 City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rolla	ND 58367-0759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Presentation Medical Cent- er	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. David L. Woodrum		Date of Receipt
Mailing Address 175 North Harbor D	rive	04 17 2009
City	State Zip Code	Transaction ID: 17064881
<u>Chicago</u>	IL 60601-7344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Woodrum, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. James R Prister		Date of Receipt
Mailing Address 5601 South County	Line Road	04 17 2009
City <u>Hinsdale</u>	State Zip Code IL 60521-4875	Transaction ID: 17064885 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
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	
SUBTOTAL of Receipts This Page (optional) >	1850.00

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	v not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. William Binder			Date of Receipt
Mailing Address 9050 Airline Highway	, Suite 500		04 14 2009
City	State	Zip Code	Transaction ID: 17064892
Baton Rouge	LA	70815-4103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Woman's Hospital	Occupatio Chair	n	7
Receipt For:	- '	e Year-to-Date ▼	7
Primary General Other (specify) ▼		1000.00]
Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
Mailing Address 5612 Tanner Bridge F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17064976
Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Missouri Hospital Associa- tion	Occupatio Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
Mailing Address 13106 Vingle Lane			04 10 7 2009
City	State	Zip Code	Transaction ID: 17064990
Silver Spring	MD	20906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior V	n ice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		273.00	
SUBTOTAL of Receipts This Page (optional)	1		1164.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Mailing Address 325 Seventh Street, N Suite 700 City Washington FEC ID number of contributing	State Zip Code DC 20004-2818	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer American Hospital Association-Washingt Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Executive Branch Related Aggregate Year-to-Date 273.00	
Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE Mailing Address 2239 Charter Point Dr	ve	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17068537
Arlington Heights FEC ID number of contributing federal political committee.	IL 60004-7226	Amount of Each Receipt this Period 1000.00
Name of Employer Health Alliance of Greater Cincinnati Receipt For: Primary General Other (specify) ▼	Occupation Trustee Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, , FACHE		Date of Receipt
Mailing Address 987400 Nebraska Med	lical Center	04 21 2009
City	State Zip Code	Transaction ID: 17068928
Omaha FEC ID number of contributing federal political committee.	NE 68198-7400	Amount of Each Receipt this Period 500.00
Name of Employer Nebraska Medical Center	Occupation President and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1539.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing federal political committee. Name of Employer Hallmark Health System Receipt For: Primary General Other (specify)	State Zip Code MA 02176-3225 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Mary Klimp Mailing Address 301 Second Street NE City New Prague FEC ID number of contributing federal political committee. Name of Employer Queen of Peace Hospital Receipt For: Primary General Other (specify)	State Zip Code MN 56071-1709 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Nancy H Agee Mailing Address 802 Cherrywood Road City Salem FEC ID number of contributing federal political committee. Name of Employer Carilion Clinic Receipt For: Primary General Other (specify)	State Zip Code VA 24153-2755 C Occupation Chief Operating Officer Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 4 2 1 2 0 0 9 Transaction ID: 17083444 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional)		1100.00

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) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used by any perso the name and address of any political committee to	13 14 15 16 In for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Hospital Association PAC	le name and address of any political committee to	Solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barbara Brown, Ph.D.		Date of Receipt
Mailing Address 11 Countryside Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17083445
Richmond	VA 23229-7928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Mary Lori Brown		Date of Receipt
Mailing Address 40439 Braddock Rd		04 21 2009
City	State Zip Code	Transaction ID: 17083448
Aldie	VA 20105-2219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Assistant VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Wayne A. Diewald		Date of Receipt
Mailing Address 12187 Chacery Station	on Cir	04 21 2009
City	State Zip Code	Transaction ID: 17083450
Reston	VA 20190-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Vice President AMBCare & Growth	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 69 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Theresa Edward Mailing Address 1519 Peylon Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesapeake FEC ID number of contributing	State VA	Zip Code 23320-7671	Transaction ID: 17083451 Amount of Each Receipt this Period 350.00
Receipt For: Primary Other (specify)	Occupation V/P Adm]
Full Name (Last, First, Middle Initial) Mr Howard P Kern Mailing Address 6015 Poplar Hall D	rive		Date of Receipt 0 4 2 1 2 0 0 9
City	State	Zip Code	Transaction ID: 17083485
Norfolk	VA	23502-3819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sentara Healthcare	Occupation President	n t and Chief Operating Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Elizabeth Long			Date of Receipt
Mailing Address 7723 Stuart Hall Ro	oad		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 17083488
Richmond FEC ID number of contributing federal political committee.	C	23229-6615	Amount of Each Receipt this Period 350.00
Name of Employer Virginia Hospital & Healt- hcare Associa Receipt For:	Occupation Vice Pres		
Primary General Other (specify) ▼	Aggregate	350.00	
SUBTOTAL of Receipts This Page (optional	al)	_	1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 69 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Sandra J. Miller Mailing Address 379 Dorwin Drive			Date of Receipt
City Norfolk	State VA	Zip Code 23502-5707	Transaction ID: 17083496 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sentara Healthcare Receipt For: Primary General Other (specify) ▼		n Gov't Relations and Advoca e Year-to-Date ▼ 350.00	су
Full Name (Last, First, Middle Initial) Ms. Maureen Nugent Mailing Address 1586 Regatta Land	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17083497
Reston	VA	20194-1218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Inova Health System	Occupation Finance	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Fred M Rankin, III	1		Date of Receipt
Mailing Address 1001 Sam Perry B	oulevard		04 21 2009
City	State	Zip Code	Transaction ID: 17083499
Fredericksburg FEC ID number of contributing federal political committee.	C	22401-4453	Amount of Each Receipt this Period 350.00
Name of Employer Mary Washington Hospital	Occupation Presiden	n t and Chief Executive Office	-
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)		1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	
4	or for commercial purposes, other than using the	tatements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Laurens Sartoris		Date of Receipt
	Mailing Address 7 East Glenbrooke Circ	cle	04 21 2009
	City	State Zip Code	Transaction ID: 17083502
	Richmond	VA 23229-8001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.0	00
— В.	Full Name (Last, First, Middle Initial) Mr. Michael J Schwartz		Date of Receipt
	Mailing Address 7505 Nyack ct.		04 21 2009
	City	State Zip Code	Transaction ID: 17083503
	Manassas	VA 20112-7815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Prince William Hospital	Occupation President and Chief Executive (Officer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.0	00
_ С.	Full Name (Last, First, Middle Initial) Mr. William W. Semones		Date of Receipt
	Mailing Address 2109 Link Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17083504
	Lynchburg	VA 24503-3031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Centra Health	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.0	00
	SUBTOTAL of Receipts This Page (optional)		1050.00
F	TOTAL This Period (last page this line number		

		13
NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Katharine M. Webb Mailing Address 14 Bridgeway Road City Richmond FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital & Healthcare Associa	State Zip Code VA 23226-3302 C Occupation Senior Vice President	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Sean S McMurray, , FACHE Mailing Address 351 Court Street NE City	State Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Abingdon FEC ID number of contributing federal political committee. Name of Employer Johnston Memorial Hospital	VA 24210-2955 C Occupation	Amount of Each Receipt this Period 350.00
Receipt For: Primary General Other (specify)	Chief Executive Officer Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Mary L. Blunt Mailing Address 801 Hidden Harbor (Ct.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17083512
Chesapeake FEC ID number of contributing federal political committee.	VA 23322-7076	Amount of Each Receipt this Period 350.00
Name of Employer Sentara Healthcare	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Barbara Stoltzfus Mailing Address 235 Cantrell Avenue City	e State Zip Code	Date of Receipt M
Harrisonburg FEC ID number of contributing federal political committee.	VA 22801-3248	Amount of Each Receipt this Period 350.00
Name of Employer Rockingham Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Trustee Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Ms. Robin Depaoli Mailing Address 8317 Stonewall Driv	re	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17083515
Vienna	VA 22180-6949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Virginia Hospital Center - Arlington Receipt For: Primary General Other (specify)	Occupation Senior Vice President & CFO Aggregate Year-to-Date ▼ 350.00	7
Full Name (Last, First, Middle Initial)		Data of Bassist
Mr. Robert L Graves Mailing Address 100 Sentara Circle		Date of Receipt M M
City	State Zip Code	Transaction ID: 17083516
Williamsburg FEC ID number of contributing federal political committee.	VA 23188-5713	Amount of Each Receipt this Period 350.00
Name of Employer Sentara Williamsburg Regi- onal Medical Receipt For:	Occupation Vice President and Administrator Aggregate Year-to-Date	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 39 / 69 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be the name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Michael K Kerner Mailing Address 9025 Norwick Rd City Richmond FEC ID number of contributing federal political committee. Name of Employer Bon Secours St. Mary's Hospital Receipt For: Primary General Other (specify)			Date of Receipt M M / 24 / 2009 Transaction ID: 17083518 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Mr. Patrick B Nolan Mailing Address 1000 N. Shenandoal City Front Royal FEC ID number of contributing federal political committee. Name of Employer Warren Memorial Hospital Receipt For: Primary General Other (specify)	State Z VA 2 C Occupation	ip Code 2601 Chief Executive Officer to-Date ▼ 350.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. William Mason Moss Mailing Address 2300 Opitz Boulevar City Woodbridge FEC ID number of contributing federal political committee. Name of Employer Potomac Hospital Receipt For: Primary General Other (specify)	State Z	ip Code 2191-3311 to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		<u> </u>	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark S. Stauder Mailing Address 10005 Fox Spring C City Oakton FEC ID number of contributing	State Zip Code VA 22124-2658	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Inova Health System Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 350.00	200.00
Full Name (Last, First, Middle Initial) Mr. John T Gribbin Mailing Address 5 Ephraim Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clarksburg FEC ID number of contributing federal political committee.	State Zip Code NJ 08510-1620 C Occupation	Transaction ID: 17083555 Amount of Each Receipt this Period 500.00
Name of Employer CentraState Healthcare System Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner Mailing Address 325 Seventh Street Suite 700	NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing	State Zip Code DC 20004-2818	Transaction ID: 17083584 Amount of Each Receipt this Period 350.00
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Director Policy Development Aggregate Year-to-Date 350.00	
SUBTOTAL of Receipts This Page (optional	l) .	1050.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Frankie T. Manning Mailing Address 14811 SE 49th St. City Bellevue FEC ID number of contributing federal political committee. Name of Employer Puget Sound Behavioral Health Receipt For: Primary General Other (specify)	State Zip Code WA 98006-3109 C Occupation Associate Director, Nursing Services Aggregate Year-to-Date 350.00	Date of Receipt M M / 23 / 2009 Transaction ID: 17134416 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Ms. Joan Clark Mailing Address 612 E Lamar Blvd Ste City Arlington FEC ID number of contributing federal political committee. Name of Employer Texas Health Resources Receipt For: Primary General Other (specify)	State Zip Code TX 76011-4130 C Occupation System Chief Nurse Exec, Sr. VP Aggregate Year-to-Date 350.00	Date of Receipt M M Z 3 Z 0 0 9 Transaction ID: 17134425 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Ms. Mary Neff Mailing Address 6483 W. 14 Road City Mesick FEC ID number of contributing federal political committee. Name of Employer Mercy Hospital Cadillac Receipt For: Primary General Other (specify)	State Zip Code MI 49668-9583 C Occupation Patient Care Executive Aggregate Year-to-Date 350.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 69 (check only one) X 11a
A	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Ms. Claire Murray Mailing Address 1501 Twelfth Ave.		Date of Receipt
		Old 7's Ords	04 23 2009
	City Watervliet	State Zip Code NY 12189-2402	Transaction ID: 17134610 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer New York Organization Nur- se Executives	Occupation Executive Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Carol A. Watson, Ph.D., RN		Date of Receipt
	Mailing Address 390 NB 50 Newton Road		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Iowa City	State Zip Code IA 52242-9296	Transaction ID: 17134823
	FEC ID number of contributing federal political committee.	IA 52242-9296	Amount of Each Receipt this Period 75.00
	Name of Employer University of Iowa College of Nursing	Occupation Professor-Clinical	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 575.00	
_	Full Name (Last, First, Middle Initial) Ms. Mary Anderson		Date of Receipt
	Mailing Address 1601 Tiffiany Court		04 29 2009
	City	State Zip Code	Transaction ID: 17135347
	Statesboro FEC ID number of contributing federal political committee.	GA 30458	Amount of Each Receipt this Period 350.00
	Name of Employer East Georgia Regional Med- ical Center	Occupation Chief Nursing Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Γ,	CURTOTAL of Possints This Page (entional)		775.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Gail Lovinger		Date of Receipt
	Mailing Address 2225 Simpson	7:01	04 29 2009
	City Evanston	State Zip Code IL 60201-3006	Transaction ID: 17136407 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Association Govern	ance
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Victor N Lee		Date of Receipt
	Mailing Address P O Box 151		04 29 2009
	City	State Zip Code	Transaction ID: 17136409
	Albion	NE 68620-0151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Boone County Health Center	Occupation President and Chief Executive Office	cer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	350.00	
 ;.	Full Name (Last, First, Middle Initial) Mr. Jonathan Applebaum	1	Date of Receipt
	Mailing Address 393 Stonebrook Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 17136412
	Galax	VA 24333-6236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Twin County Regional Hosp- ital	Occupation President & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional) .	1	1050.00
	OTAL This Period (last page this line numbe		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Linda Knodel, MHA, FACHE Mailing Address 1916 North Grandview	Lana		Date of Receipt
	City	State	Zip Code	04 24 2009
	Bismarck	ND State	58503-0843	Transaction ID: 17141029 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer St. Alexius Medical Center	Occupation	n : Admin./Director of Nursing	
	Receipt For: Primary General Other (specify) ▼	. '	Year-to-Date ▼ 350.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. T. Jane Kamstra			Date of Receipt
	Mailing Address 103 Tuscany Way			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 17141037
	Shavano Park	TX	78249-2061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CHRISTUS Health	Occupation Regional	n Director, Perioperative Care	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
. –	Full Name (Last, First, Middle Initial) Ms. Beth Ann Taylor	<u> </u>		Date of Receipt
	Mailing Address 16 Dodge Place			04 24 2009
	City	State	Zip Code	Transaction ID: 17142387
	Grosse Pointe FEC ID number of contributing federal political committee.	C	48230-1939	Amount of Each Receipt this Period 500.00
	Name of Employer John D. Dingell Veterans Affairs Medic	Occupation Associate	n e Director, Patient Care Serv	ri_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Γ	CURTOTAL of Descrite This Page (arts)	<u> </u>		1850.00
-	SUBTOTAL of Receipts This Page (optional)			1000.00
L	TOTAL This Period (last page this line number	only))	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Start for commercial purposes, other than using the I	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Taylor Campbell, RN, MSN Mailing Address 172 Morgan Bluff Rd.			Date of Receipt
	Post Office Box 33549			04 24 2009
	City	State	Zip Code	Transaction ID: 17142397
	Mooresville	NC	28117-8478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Presbyterian Hospital	Occupation Director,	n Women and Children's Serv	rice
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale, RN, MSN			Date of Receipt
	Mailing Address 101 Cambridge Street 220			04 24 2009
	City	State	Zip Code	Transaction ID: 17142401
	Burlington	MA	01803-3766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Massachusetts Organization of Nurse Ex	Occupation Executive	n e Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
С.	Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin, MSN, RN, C			Date of Receipt
	Mailing Address 105 Overleaf Pointe			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17142403
	Huntsville	AL		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Methodist Le Bonheur Heal- thcare	Occupation Sr. Vice I	n President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)			1200.00
\mid			·	
- 1	TOTAL This Period (last page this line number of	וווע (y) וווע (y) וווע	······································	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 46 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be s name and address of a	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Mr. Steve Dobbs Mailing Address 1120 South Utica City	•	Code	Date of Receipt 0 4 2 7 2 0 0 9 Transaction ID: 17142860
	Tulsa FEC ID number of contributing federal political committee.	OK 74	104-4090	Amount of Each Receipt this Period 500.00
	Name of Employer Hillcrest Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Aggregate Year-to-		
- 3.	Full Name (Last, First, Middle Initial) Mr. Stanley F Hupfeld Mailing Address 3366 NW Expressway	Ste 800		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip	Code	Transaction ID: 17142870
	Oklahoma City FEC ID number of contributing federal political committee.	OK 73	112-4458	Amount of Each Receipt this Period 500.00
	Name of Employer INTEGRIS Health	Occupation	hief Executive Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-		
_ ;.	Full Name (Last, First, Middle Initial) Mr. Raymond L Replogle			Date of Receipt
	Mailing Address 1924 South Utica Aver	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	·	Code	Transaction ID: 17142873
	Tulsa FEC ID number of contributing federal political committee.	OK 74	104-6503	Amount of Each Receipt this Period 250.00
	Name of Employer Continuous Care Center of Tulsa	, '	hief Executive Office	<u> </u>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person to name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Charles E Skillings		Date of Receipt
Mailing Address 1102 West MacArthu		04 / 27 / 2009
City Shawnee	State Zip Code OK 74804-1744	Transaction ID: 17142876 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 74004 1744	250.00
Name of Employer Unity Health Center	Occupation President and Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Maha Sultan, M.D.		Date of Receipt
Mailing Address 319 East Josephine		04 / 27 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17142877
Frederick FEC ID number of contributing federal political committee.	OK 73542-2220	Amount of Each Receipt this Period 500.00
Name of Employer Memorial Hospital and Phy- sician Group	Occupation Hospital Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
Mailing Address 13106 Vingle Lane		04 24 2009
City	State Zip Code	Transaction ID: 17201128
Silver Spring FEC ID number of contributing federal political committee.	MD 20906	Amount of Each Receipt this Period 39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 312.00	
□ Sino (openij) ▼		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	789.00
TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av		04 24 2009
	City	State Zip Code	Transaction ID: 17201130
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	44.00
	Name of Employer American Hospital Associa- tion	Occupation President & CEO, AHA Solutions, Inc.	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	220.00	
_ 3.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh	<u> </u>	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	04 24 2009
	City	State Zip Code	Transaction ID: 17201142
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relat	- ti
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	312.00	
_ ;.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	<u> </u>	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	04 30 7 2009
	City	State Zip Code	Transaction ID: PR1045726222391
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President & General Coun	nse
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	161.00
H	TOTAL This Period (last page this line number		

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full)	name and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
AI	merican Hospital Association PAC			
Mr	III Name (Last, First, Middle Initial) r. Stephen Mayfield			Date of Receipt
Ma	ailing Address One North Franklin Stro Suite 32139	eet		04 30 2009
Cit		State	Zip Code	Transaction ID: PR1302378922391
C	hicago	IL	60606	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		86.96
Na Ar tio	ame of Employer merican Hospital Associa- n-Chicago	Occupation Senior Vi	n ce President	
	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		217.40	P/R Deduction (\$43.48 Bi- Weekly)
	III Name (Last, First, Middle Initial) r. James Wadzinski	<u>I</u>		Date of Receipt
Ma	ailing Address One North Franklin			04 30 4 2009
Cit	•	State	Zip Code	Transaction ID: PR1347703422391
	hicago	IL	60606-3436	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		40.00
Ar	ame of Employer nerican Hospital Associa- n-Chicago	Occupation Vice Pres	n sident Account Services	
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		810.00	P/R Deduction (\$20.00 Bi- Weekly)
	Ill Name (Last, First, Middle Initial) s. Catherine D. Sewell			Date of Receipt
Ma	ailing Address One North Franklin			04 30 2009
Cit		State	Zip Code	Transaction ID: PR1347708422391
	hicago	IL	60606-3436	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		78.00
<u>tio</u>	ame of Employer nerican Hospital Associa- n-Chicago	. '	e Director, ASHHRA	
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D. L. J.
	Other (specify) ▼	0 0	312.00	P/R Deduction (\$39.00 Bi- Weekly)
	TOTAL of Receipts This Page (optional)	I		204.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 69 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700		04 30 7 2009
City Washington	State Zip Code DC 20004-2802	Transaction ID: PR1384065322391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Associate Director, Federal Relations Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	V	04 030 7 2009
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327629122391
FEC ID number of contributing federal political committee.	C 20004-2010	Amount of Each Receipt this Period 78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President, Public Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
Mailing Address 11004 Petersborough [Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockville	State Zip Code MD 20852-3249	Transaction ID: PR327745922391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20032 0240	78.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Director, Grassroots Advocacy Aggregate Year-to-Date	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		234.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 69 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		04 30 2009
City	State Zip Code	Transaction ID: PR327812022391
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	1	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	IW	0 4 3 0 2 0 0 9
City	State Zip Code	Transaction ID: PR327858022391
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John F. Barry	1	Date of Receipt
Mailing Address One North Franklin		04 30 4 2009
City	State Zip Code	Transaction ID: PR327877822391
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		234.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 52 / 69 (check only one) X 11a
A 0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/	American Hospital Association PAC Full Name (Last, First, Middle Initial)			
	Mr. Richard J. Umbdenstock Mailing Address 325 Seventh Street, NV	۸/		Date of Receipt
	Suite 700			0 4 3 0 2 0 0 9
	City		Zip Code	Transaction ID: PR328132822391
	Washington	DC 2	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and	Chief Executive Officer	
	Receipt For:	Aggregate Year-	to-Date V	
	Primary General Other (specify) ▼		312.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			04 30 2009
	City		Zip Code	Transaction ID: PR328136922391
	<u>La Grange</u>	<u>IL</u> 6	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President	dent, Member Relations	<u> </u>
	Receipt For:	Aggregate Year-	to-Date V	
	Primary General Other (specify) ▼		312.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 North Wayne			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: PR328223822391
	Chicago	IL 6	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)			234.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 69 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
Mailing Address 3475 North Venice Str	eet	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: PR328260922391
Arlington	VA 22207-4446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt
Mailing Address 1221 Cavalier Road		04 30 2009
City	State Zip Code	Transaction ID: PR328310422391
Arnold	MD 21012-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President Strategic Cor	nmψn
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	<u> </u>	Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700	W	04 30 7 2009
City	State Zip Code	Transaction ID: PR328341822391
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Political Action & Grassroom	ot
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	P/R Deduction (\$39.00 Bi- Weekly)
		234.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			04 30 7 2009
	City <u>Yardley</u>	State PA	Zip Code 19067-5736	Transaction ID: PR328511822391 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	_ ' 	n Executive e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		312.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address One North Franklin			04 30 2009
	City	State	Zip Code	Transaction ID: PR329071322391
	Chicago	<u> L</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Presiden	n t & Chief Operating Officer,	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		312.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Bouleva	ard South		0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215722391
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Chicago	, '	gional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	1		234.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 69 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	,	Date of Receipt
Mailing Address 4960 138th Cricle W	Vest	04 / 30 / Y Y Y Y Y
City	State Zip Code MN 55124-9229	Transaction ID: PR330475422391
Apple Valley FEC ID number of contributing federal political committee.	MN 55124-9229	Amount of Each Receipt this Period 78.00
Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Regional Executive Aggregate Year-to-Date 312.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr. Mailing Address PO Box 15587		Date of Receipt
	7.0.1	04 30 2009
City Austin	State Zip Code TX 78761-5587	Transaction ID: PR331416022391
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 116.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 464.00	P/R Deduction (\$58.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
Mailing Address 521 Great Falls St.		04 30 7 2009
City	State Zip Code	Transaction ID: PR331533222391
Falls Church FEC ID number of contributing federal political committee.	VA 22046-2613	Amount of Each Receipt this Period 78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)b	272.00
TOTAL This Period (last page this line numb	por only)	59717.46

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) 11a 11b 11c 12 13 14 15 X 16 17
	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Norm Dicks For Congress		Date of Receipt
Mailing Address PO Box 1663		04 06 2009
City	State Zip Code	Transaction ID: 17041090
Tacoma	WA 98401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00037606	1000.00
Name of Employer	Occupation	
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Refund

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 69 (check only one) 11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00237495 Occupation Aggregate Year-to-Date 75000.00	Date of Receipt M M M / D D D 2009 Transaction ID: 17052436 Amount of Each Receipt this Period 25000.00
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12144 C C00160259 Occupation Aggregate Year-to-Date 60000.00	Date of Receipt M M M 29 29 2009 Transaction ID: 17136408 Amount of Each Receipt this Period 10000.00
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600 C C00128082 Occupation Aggregate Year-to-Date 10000.00	Date of Receipt M M M O 8 2009 Transaction ID: 17195366 Amount of Each Receipt this Period 10000.00
SUBTOTAL of Receipts This Page (optional)		45000.00
TOTAL This Period (last page this line number	only)	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) 11a 11b 11c 12 13 14 15 16 17
	ly information copied from such Reports and Sta for commercial purposes, other than using the r			
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 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	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1497.74	Interest

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

50	CHEDULE E	3 (FEC Form	3X)	Use sepa	arate schedule(s)		_		NUMBI	ER:		F	'AGE	59 / 6	69
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		ed from such Reports						person	for the p	urpose	of so	oliciting	contrik	outions	<u>—</u>
or		poses, other than using	ng the name	and addres	ss of any political	com	mitt	ee to s	olicit con	tributio	ns fro	om such	comr	nittee	
\rangle	NAME OF COMM American Hosp	MITTEE (In Full) Dital Association P	AC												
	, ,	First, Middle Initial) For Congress Con	nmittee							saction of Dis		1706 ement	30131		
	Mailing Address	Post Office Box	28001						0 ^M 4	M /	0	6 /	^Y 2	0 Ď 9	Y
	City Raleigh			tate NC	Zip Code 27611				Amo	unt of	Each	Disburs			-
	Purpose of Disbution Candidate Name	rsement					011	_	L.	-			10	00.00	
	Rep. Bob Ethe		1				atego Type	-							
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2010 General				Cont	ributi	on				
	State: NC Full Name (Last,	District: 02 First, Middle Initial)							Tran	eactio	n ID:	1706	 :0133	<u> </u>	
	John Campbel	For Congress								of Dis	burse	ement			Υ
	Mailing Address	4590 Macarthu Suite 500	r Boulevard	t					0 4		0	6 /	2	0 Ď 9	
	City Newport Beach	1		tate CA	Zip Code 92660				Amo	unt of	Each	Disburs			-
	Purpose of Disbu Contribution	rsement					011	1	L.				5	00.00	
	Candidate Name Rep. John Can	npbell					atego Type								
	Office Sought: State: CA	X House Senate President District: 48		nent For: Primary Other (spe	2010 General				Cont	ributi	on				
		First, Middle Initial)								saction of Dis		1706 ement	 30134		
	Mailing Address	P.O. Box 2525							0 ^M 4	M /	0	6 /	Y 2	0 Ď 9	Y
	City Orange			tate CA	Zip Code 92859				Amo	unt of	Each	Disburs			
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	Candidate Name Rep. Edward F	R. Royce					atego Type	-							
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	CHEDOLL B (I LO I OIIII 3X)	Use separate schedule(s)		R LINE eck only		١١.		L	1 AGE	= 60/6	9
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	—	23 28b	24	4 8c	25 29	2 3
	y Information copied from such Reports and S for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Bob Casey for Senate Committee					Trans Date o	of Dis	burse	ement			
	Mailing Address 607 14th Street NW #800					0 4	M /		6 /		ž 0 ŏ 9	
	City Washington	State Zip Code DC 20005				Amou	nt of	Each	Disbu	-	nt this F	-
	Purpose of Disbursement 2012 Contribution Candidate Name			011 ateg							250.00	
	Sen. Bob Casey Office Sought: House Dis	oursement For: 2012		Тур		2012	Con	tribut	ion			
	X Senate President State: PA District:	X Primary General Other (specify) ▼				-						
	Full Name (Last, First, Middle Initial) Shelby For U S Senate					Trans Date of	of Dis	burse	ement			
	Mailing Address Post Office Box 109					0 ^M 4	M /	0	6 /	Y	ž o ŏ 9	Y
	City Tuscaloosa	State Zip Code AL 35403				Amou	nt of	Each	Disbu		nt this F	-
	Purpose of Disbursement Contribution Candidate Name			011 ateg	ory/					01	00.00	
	Sen. Richard C. Shelby Office Sought: House X Senate President State: AL District:	oursement For: 2010 X Primary General Other (specify) ▼	-	Туре	9	Contri	ibuti	on				
	Full Name (Last, First, Middle Initial) Citizens For Bunning					Trans Date o	of Dis	burse	ement			_
	Mailing Address 1717 Dixie Highway	Suite 180				0 ^M 4	M /	1	4	Y	ž o ŏ 9	Y
	City Ft Wright	State Zip Code KY 41011				Amou	nt of	Each	Disbu		nt this F	
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	Candidate Name Sen. James Bunning			atego Type								
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	olumbia		St: Si	ate C	Zip Code 29202				Amour	nt of E	ach [Disburse			rioc
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		oses, other than usi													
1	NAME OF COMM	ITTEE (In Full)													
/ /	American Hosp	ital Association P	AC												
	Full Name (Last, F Longleaf Pine P									saction		1719 ement	9779		
_	Mailing Address	703 Green Vall	ey Road						0 ^M 4	M /	D	^D /	Y Ž	o ŏ 9	Υ
-	0	Suite 201													
	City Greensboro			State VC	Zip Code 27408				Amo	ount of	Each	Disburs			erioc
	Purpose of Disbur 2009 Contribution	sement					011				-		100	00.00	_
	Candidate Name Longleaf Pine P	AC					tego Type	-							
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,	State:	President District:		Other (spe											
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	City Anderson			State N	Zip Code 46015				Amo	ount of	Each	Disburs	ement	this P	erio
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ŀ		PO Box 3662							0 ^M 4	1	2	^D /	2	0 0 9	
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- N	City Seattle Purpose of Disbur Contribution	sement		WA		Са	-	ory/				Disburs		00.00	
- N	City Seattle Purpose of Disbur Contribution Candidate Name Sen. Patty Murr	sement ay House X Senate		ment For:	98124 2010 X General	Са	tego	ory/		ount of		DISDUTS		00.00	
- N	City Seattle Purpose of Disbur Contribution Candidate Name Sen. Patty Murr Office Sought:	sement ay House		ment For:	98124 2010 X General	Са	tego	ory/				DISDUIS		00.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	;)		neck only	NUMBE	H:		L	PAGE	63 / 6	59
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 28	3c	25 29	
	y Information copied from such Reports and Sta or commercial purposes, other than using the n											i
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	and and addition of any pointer							500			
<u> </u>	Full Name (Last, First, Middle Initial) Friends Of Chris Dodd					Date	of Dis	burse				
	Mailing Address PO Box 270701					0 4	M /	٥2	3 /	Y 2	0 0 9	Y
	City West Hartford	State Zip Code CT 06127				Amou	nt of I	Each	Disbur		nt this F	-
	Purpose of Disbursement Contribution			01	1		-			10	00.00	
	Candidate Name Sen. Christopher J. Dodd		С	ateg Typ	-							
	X Senate President	rsement For: 2010 X Primary General Other (specify)				Contr	ibutio	on				
	State: CT District: Full Name (Last, First, Middle Initial) Nelson 2012					Trans			171:	99792	2	
	Mailing Address P.O. Box 8666						M /	^D 2		YZ	Ó 0 Ó 9	Y
	City Omaha	State Zip Code NE 68108				Amou	nt of I	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbursement 2012 Contribution			01	1	L.	_			20	00.00	
	Candidate Name Sen. Ben Nelson			ateg Typ	ory/ e							
	X Senate President	rsement For: 2012 X Primary General Other (specify)	•			2012	Cont	ribut	ion			
	State: NE District: Full Name (Last, First, Middle Initial) Jim Jordan For Congress					Trans			171	99794	1	
	Mailing Address 1709 State Route 560	South					M /	^D 2		Y	0 ŏ 9	Y
	City Urbana	State Zip Code OH 43078				Amou	nt of I	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbursement Contribution			01	1	L.				10	00.00	
	Candidate Name Rep. Jim Jordan]	ateg Typ	ory/							
	Office Sought: X House Senate President State: OH District: 04	rsement For: 2010 X Primary General Other (specify)				Contr	ibutio	n				
_	UBTOTAL of Disbursements This Page (option									40	00.00	

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENT	for each category of the	(check on	<u> </u>
	Detailed Summary Page	27	22 X 23 24 25 28c 29
ny Information copied from such Reports ar r for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) American Hospital Association PAG	0		
Full Name (Last, First, Middle Initial) Stupak For Congress			Transaction ID: 17199796 Date of Disbursement
Mailing Address 817 Ninth Avenue PO Box 143	e P.O. Box 156		$\begin{bmatrix} 0 & 4 & M & / & 2 & 3 & / & 2 & 0 & 0 & 9 \end{bmatrix}$
City Menominee	State Zip Code MI 49858		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Bart Stupak		Category/ Type	
Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼	ı	Contribution
State: MI District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 17199797
Berman For Congress			Date of Disbursement
Mailing Address 6380 Wilshire Blv	/d. #1612		$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Los Angeles	State Zip Code CA 90048		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Howard L. Berman		Category/ Type	
Office Sought: X House Senate President State: CA District: 28	Disbursement For: 2010 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee	ee		Transaction ID: 17199798 Date of Disbursement
Mailing Address Post Office Box 2	2145		044 / 23 / 2009
City West Columbia	State Zip Code SC 29171		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Joe Wilson		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 Primary X Genera Other (specify) ▼	ı	Contribution
State: SC District: 02	<u> </u>		

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 65/69						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30						
Any Information copied from such Reports and Statem									
or for commercial purposes, other than using the name	and address of any political	committee to so	ilicit contributions from such committee						
NAME OF COMMITTEE (In Full) American Hospital Association PAC									
Full Name (Last, First, Middle Initial) Bright For Congress.Com			Transaction ID: 17199809 Date of Disbursement						
Mailing Address P.O.Box 2106			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$						
	State Zip Code AL 36102		Amount of Each Disbursement this Period						
Purpose of Disbursement Contribution		011	1000.00						
Candidate Name Rep. Bobby Neal Bright, Sr.		Category/ Type							
	ment For: 2010 Primary General Other (specify)		Contribution						
Full Name (Last, First, Middle Initial)									
Capuano For Congress Committee			Transaction ID: 17199810 Date of Disbursement						
Mailing Address PO Box 440305			04 4 23 7 2009						
Somerville	State Zip Code MA 02144		Amount of Each Disbursement this Period 2500.00						
Purpose of Disbursement Contribution Candidate Name		011	2300.00						
Rep. Michael E. Capuano		Category/ Type							
· —	ment For: 2010 Primary General Other (specify)		Contribution						
Full Name (Last, First, Middle Initial) McCollum For Congress			Transaction ID: 17199811 Date of Disbursement						
Mailing Address P.O. Box 14131			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$						
	State Zip Code MN 55114		Amount of Each Disbursement this Period						
Purpose of Disbursement Contribution		011	1000.00						
Candidate Name Rep. Betty McCollum		Category/ Type							
y A	ment For: 2010 Primary General Other (specify)		Contribution						
SUBTOTAL of Disbursements This Page (optional) .			4500.00						
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee			Transaction ID: 17200051 Date of Disbursement
Mailing Address P.O. Box 8331			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	2000.00
Rep. Fortney Peter Stark	ursement For: 2010	Type	
Senate President State: CA District: 13	X Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) Lautenberg For Senate			Transaction ID: 17200052 Date of Disbursement
Mailing Address Riverfront Plaza Stati	on		$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&3\\2&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y&Y\\2&0&0&9\end{smallmatrix}\end{bmatrix}$
City Newark	State Zip Code NJ 07102		Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Contribution		011	1000.00
Candidate Name Sen. Frank R. Lautenberg		Category/ Type	
Office Sought: House Disb X Senate President State: NJ District:	ursement For: 2014 X Primary General Other (specify)		2014 Contribution
Full Name (Last, First, Middle Initial) Frelinghuysen For Congress			Transaction ID: 17200054 Date of Disbursement
Mailing Address 19 Cattano Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Morristown	State Zip Code NJ 07960		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Rodney P. Frelinghuysen Office Sought: X House Disb	ursement For: 2010	Category/ Type	
Senate President	X Primary General Other (specify)		Contribution
State: NJ District: 11			
	nal)		4000.00

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE	67 / 69							
	ITEMIZED DISBURSEMENTS	for each category of the	(check only		¬ —								
		Detailed Summary Page	21b 27	22 X 23 28b	24 28c		26						
	A selection of the sele					_*	30b						
	Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full)												
	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial)			Transaction ID:	17200055								
Α.	Friends Of John Boehner			Date of Disbursement									
	Mailing Address 7908 Cincinnati Dayton R Suite I	oad		04 / 23	3 / 2	0 0 9 °							
		State Zip Code OH 45069		Amount of Each D	isbursement	this Period	t						
	Purpose of Disbursement Contribution		011		100	00.00							
	Candidate Name Rep. John A. Boehner	C	Category/ Type										
		nent For: 2010 Primary General Other (specify)		Contribution									
	State: OH District: 08												
В.	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall			Transaction ID: Date of Disbursem									
	Mailing Address 586 Orange Street			$\begin{bmatrix} 0 & 4 & 4 & 4 \end{bmatrix}$	3 / Y Y 2	0 0 9 Y							
	City	State Zip Code		Amount of Each D	isbursement	this Period	t						
		GA 31201			100	00.00	П						
	Purpose of Disbursement Contribution		011		100	10.00	_						
	Candidate Name Rep. Jim Marshall		Category/ Type										
		nent For: 2010 Primary General Other (specify)		Contribution									

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	33150.00

State: GA

District: 08

В.

C.

SCHEDULE B (FEC Form 3X)			EOD I IN	IE NUMBER: PAGE 68 / 69
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	' ₋	(check o	
TI EIWIZED DIODOTTOLINETTO	Detailed Summary Page		X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem				
or for commercial purposes, other than using the name	e and address of any political	l comi	mittee to s	solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial)				Transaction ID: 17199976
American Express				Date of Disbursement
Mailing Address Ste. 001				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
,	State Zip Code			Amount of Each Disbursement this Period
Chicago Purpose of Disbursement	IL 60679			4.95
Merchant Fees			001	
Candidate Name			tegory/	
Office Sought: House Disburse	ement For:	l	Гуре	
Senate	Primary General			Merchant Fees
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) American Express				Transaction ID: 17199990 Date of Disbursement
· 				M M / D D / Y Y Y Y
Mailing Address Ste. 001				04 06 2009
,	State Zip Code IL 60679			Amount of Each Disbursement this Period
Purpose of Disbursement			• • •	39.01
Merchant Fees			001	
Candidate Name			tegory/ Γype	
° 🗎 –	ement For:			Merchant Fees
Senate President	Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				Transaction ID: 17200026
Merchant Bankcard				Date of Disbursement
Mailing Address 1601 Elm Street				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code			Amount of Each Disbursement this Period
Dallas Purpose of Disbursement	TX 75201			80.00
Merchant Fees			001	
Candidate Name			tegory/ Γype	
	ement For:			Merchant Fees
Senate President	Primary General Other (specify)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
State: District:	Carol (Specify)			
'				100.00
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>	123.96

TOTAL This Period (last page this line number only)

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Senate

District:

President

19e# 29934307433													
SCHEDULE B (FEC Form 3X)		te schedule(s)		OR LINE	E NUMB	ER:			PA	GE	69 / 6	9	
TEMIZED DISBURSEMENTS		egory of the mmary Page	X	21b 27	22 28a	F	23 28b		24 28c	П	25 29		26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam												•	
NAME OF COMMITTEE (In Full) American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Merchant Bankcard						of D	ion ID	-			0 ŏ 9	Y	
Mailing Address 1601 Elm Street City Dallas		Zip Code 75201					of Each		sburse				od
Purpose of Disbursement Merchant Fees Candidate Name			00 Categ	ory/			·		•	29	94.64		
Office Sought: House Senate President State: District:	ement For: Primary Other (specif	General y) ▼			Merc	han	t Fees	8					
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW						of D	ion ID				0 ŏ 9	Y	
Mailing Address 1400 G Street, NW City Washington		Zip Code 20005			Amo	unt c	of Each		burse	ment	t this F		od
Purpose of Disbursement Bank Fee Candidate Name			00 Categ	jory/					•		97.49		
* H	ement For:	Conoral			Bank	(Fe	е						

General

SUBTOTAL of Disbursements This Page (optional)	•	392.13
TOTAL This Period (last page this line number only)		516.09

Primary

Other (specify)

State: