

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 325 Seventh Street, NW  
Suite 700  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106146  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 07 31 2010

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 08 20 2010

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |            |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 2190847.18 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |            |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |            |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 2171966.64              |                                   |   |   |   |   |   |   |  |            |
| (c) Total Receipts (from Line 19) .....   | 207940.88               | 1003981.56                        |   |   |   |   |   |   |  |            |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 2379907.52              | 3194828.74                        |   |   |   |   |   |   |  |            |
| 7. Total Disbursements (from Line 31) .....   | 220809.87               | 1035731.09                        |   |   |   |   |   |   |  |            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 2159097.65              | 2159097.65                        |   |   |   |   |   |   |  |            |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |            |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |            |

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 106984.07                     | 385211.01                         |
| (ii) Unitemized .....  | 58212.34                      | 151561.45                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 165196.41                     | 536772.46                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 165196.41                     | 536772.46                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 42550.00                      | 438250.00                         |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 14637.54                          |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 12750.00                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 194.47                        | 1571.56                           |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 207940.88                     | 1003981.56                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 207940.88                     | 1003981.56                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 359.87                                | 11657.74                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 359.87                                | 11657.74                                  |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 220450.00                             | 772425.31                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 251455.54                                 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 192.50                                    |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 220809.87                             | 1035731.09                                |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 220809.87                             | 1035731.09                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 173

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 165196.41                     | 536772.46                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 165196.41                     | 536772.46                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 359.87                        | 11657.74                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 14637.54                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 359.87                        | -2979.80                          |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Lori S. Herndon  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2010 |
| Mailing Address 902 North Shore Drive   |                                    | <b>Transaction ID:</b> 18362414                     |
| City<br>Brigantine  | State<br>NJ                        | Zip Code<br>08203-2718                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>AtlantiCare   | Occupation<br>President            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Leslie D Hirsch, , FACHE   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2010 |
| Mailing Address 28 Meckenzie Lane N.  |   | <b>Transaction ID:</b> 18362415                     |
| City<br>Denville  | State<br>NJ   | Zip Code<br>07834-2954                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Saint Clare's Hospital  | Occupation<br>President and Chief Executive Officer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                  |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Gordon N. Litwin   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2010 |
| Mailing Address 63 Borden Place   |                                    | <b>Transaction ID:</b> 18362424                     |
| City<br>Little Silver   | State<br>NJ                        | Zip Code<br>07739-1726                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Meridian Health   | Occupation<br>Vice Chairman        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 7 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Deborah K Zastocki

Mailing Address 42 Long Ride Road

City Randolph State NJ Zip Code 07869-4571

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2010  
Transaction ID: 18362443  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. M. Joy Drass-Maxwell, M.D.

Mailing Address 5565 Sterrett Place  
5th Floor

City Columbia State MD Zip Code 21044-2665

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

Name of Employer MedStar Health Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2010  
Transaction ID: 18362510  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Jones

Mailing Address P O Box 1569

City Clinton State OK Zip Code 73601-1569

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

Name of Employer Integris Clinton Regional Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2010  
Transaction ID: 18388684  
Amount of Each Receipt this Period 250.00

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

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Craig W. Jones, FACHE  | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2010 |
|           | Mailing Address 1904 Windermere Drive   | <b>Transaction ID:</b> 18388685                     |
|           | City State Zip Code<br>Norman OK 73072-3005   | Amount of Each Receipt this Period<br>875.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Oklahoma Hospital Association<br>Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>875.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Michael Nunamaker  | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2010 |
|           | Mailing Address 2220 West Iowa Avenue   | <b>Transaction ID:</b> 18388687                     |
|           | City State Zip Code<br>Chickasha OK 73018-2700  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Grady Memorial Hospital<br>Occupation Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Carolyn W Caldwell  | Date of Receipt<br>MM / DD / YYYY<br>07 / 02 / 2010 |
|           | Mailing Address 19600 East 39th Street   | <b>Transaction ID:</b> 18398067                     |
|           | City State Zip Code<br>Independence MO 64057-2301  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Centerpoint Medical Center<br>Occupation President and Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1875.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



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

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

FOR LINE NUMBER: PAGE 9 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Brenda Yee, , R.N., MS

Mailing Address 845 Jackson Street

City State Zip Code  
San Francisco CA 94133-4899

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

Name of Employer Chinese Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2010

**Transaction ID: 18398072**

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City State Zip Code  
Newburyport MA 01950-3867

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

Name of Employer Anna Jaques Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2010

**Transaction ID: 18398078**

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elaine L. Bridge, R.N.

Mailing Address 279 Willow Gate Rise

City State Zip Code  
Holliston MA 01746-2441

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

Name of Employer Newton-Wellesley Hospital Occupation Sr. VP, Patient Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2010

**Transaction ID: 18398148**

Amount of Each Receipt this Period  
350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Wayne B Griffith, , FACHE

Mailing Address P O Box 901

City State Zip Code  
Princeton WV 24740-1369

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

Name of Employer Occupation  
Princeton Community Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398150

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address HC 84, Box 26

City State Zip Code  
Lahmansville WV 26731-9701

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

Name of Employer Occupation  
Grant Memorial Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398151

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sara J Criger

Mailing Address 69 West Exchange Street

City State Zip Code  
Saint Paul MN 55102-1004

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

Name of Employer Occupation  
St. Joseph's Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398155

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas K Prusak

Mailing Address 523 North Third Street

City Brainerd State MN Zip Code 56401-3098

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

Name of Employer St. Joseph's Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398157

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Douglas G. Vang

Mailing Address P.O. Box 531

City Thief River Falls State MN Zip Code 56701-0531

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

Name of Employer MeritCare Thief River Falls Northwest Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398158

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Jani M Wiebolt

Mailing Address 523 North Third Street

City Brainerd State MN Zip Code 56401-3098

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398159

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line 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 12 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Lance B. Duke

Mailing Address 1211 Grist Mill Drive

City State Zip Code  
Phenix City AL 36867-1307

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

Name of Employer Columbus Regional Health-care System  
Occupation President and CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 18398190

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Larry Sanders, FACHE

Mailing Address 707 Center Street, Suite 400

City State Zip Code  
Columbus GA 31901-1526

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

Name of Employer Columbus Regional Health-care System  
Occupation Chairman and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 18398208

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address P O Box 4309

City State Zip Code  
Eastman GA 31023-4309

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

Name of Employer Dodge County Hospital  
Occupation Chief Executive Officer

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 301.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 18398224

Amount of Each Receipt this Period

250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles H. Orrick

Mailing Address 102 Hospital Circle

City State Zip Code  
Donalsonville GA 39845-1100

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

Name of Employer Occupation  
Donalsonville Hospital Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 18398225

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kirk G Wilson

Mailing Address 5665 Peachtree Dunwoody Rd NE

City State Zip Code  
Atlanta GA 30342-1701

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

Name of Employer Occupation  
Saint Joseph's Hospital of Atlanta President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 18398246

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul P. Hinchey

Mailing Address 5353 Reynolds Street

City State Zip Code  
Savannah GA 31405-6015

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 18398248

Amount of Each Receipt this Period

250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 7 Rockbrook Road

City Augusta State GA Zip Code 30909-3760

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

Name of Employer University Health Care System Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2010

Transaction ID: 18398250

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 272 Benedict Avenue

City Norwalk State OH Zip Code 44857-2374

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

Name of Employer Fisher-Titus Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2010

Transaction ID: 18404304

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Edward J Roth, III

Mailing Address 2600 Sixth Street SW

City Canton State OH Zip Code 44710-1702

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

Name of Employer Aultman Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 06 / 2010

Transaction ID: 18414834

Amount of Each Receipt this Period 375.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Frank J Perez

Mailing Address 350 Stonehaven Road

City State Zip Code  
Kettering OH 45429-1644

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

Name of Employer Occupation  
Adventist HealthCare Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422153

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Troy A. Tyner, DO

Mailing Address 1181 Grand Portage Trail

City State Zip Code  
Beavercreek OH 45385

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

Name of Employer Occupation  
Grandview Medical Center Interim V.P. Medical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422215

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 815 Gatehouse Lane

City State Zip Code  
Columbus OH 43235-1733

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422238

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 257 Clouse Lane

City State Zip Code  
Granville OH 43023-1428

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

Name of Employer Occupation  
Ohio Hospital Association Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422239

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 155 East Broad Street,  
15th Floor

City State Zip Code  
Columbus OH 43215-3609

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

Name of Employer Occupation  
Ohio Hospital Association Vice President & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422240

Amount of Each Receipt this Period  
12.50

**C.**

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

Mailing Address 54 West Weisheimer Road

City State Zip Code  
Columbus OH 43214-2545

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

Name of Employer Occupation  
Ohio Hospital Association Vice President, State Policy & Advocac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422241

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **62.50**

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



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

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

FOR LINE NUMBER: PAGE 17 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick J Martin

Mailing Address 272 Benedict Avenue

City State Zip Code  
Norwalk OH 44857-2374

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

Name of Employer Occupation  
Fisher-Titus Medical Center President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422243

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary M. Yost

Mailing Address 924 Riva Ridge Boulevard

City State Zip Code  
Gahanna OH 43230-3825

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

Name of Employer Occupation  
Ohio Hospital Association Vice President, Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18422245

Amount of Each Receipt this Period  
12.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas L. Bell

Mailing Address 4301 NW Valley Road

City State Zip Code  
Topeka KS 66618-3445

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

Name of Employer Occupation  
Kansas Hospital Association President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.87

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2010

**Transaction ID:** 18422247

Amount of Each Receipt this Period  
57.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.19**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Jackie John  |  | Date of Receipt<br><table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 7 |  | 2 | 0 | 1 | 0 |
| M   | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 7  |  | 0      | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address Post Office Box 506   |  | <b>Transaction ID:</b> 18422249  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Phillipsburg  | State<br>KS  | Zip Code<br>67661-0506   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br><table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>   | 250.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 250.00  |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Great Plains Health Alliance, Inc.  | Occupation<br>Senior Vice President  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table> | 250.00   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 250.00  |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**B.**

|   |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Fred J. Lucky  |  | Date of Receipt<br><table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 7 |  | 2 | 0 | 1 | 0 |
| M   | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 7  |  | 0      | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 14607 W 89  |  | <b>Transaction ID:</b> 18422250  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Lenexa  | State<br>KS  | Zip Code<br>66215-2967   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br><table border="1" style="width: 100%; text-align: right;"> <tr><td>129.81</td></tr> </table>   | 129.81 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 129.81  |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Kansas Hospital Association   | Occupation<br>Senior Vice President  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><table border="1" style="width: 100%; text-align: right;"> <tr><td>401.00</td></tr> </table> | 401.00   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 401.00  |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**C.**

|   |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Herb B. Kuhn   |   | Date of Receipt<br><table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 7 |  | 2 | 0 | 1 | 0 |
| M   | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 7   |  | 0       | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5310 Saddlebrooke Lane  |   | <b>Transaction ID:</b> 18422396  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Lohman  | State<br>MO   | Zip Code<br>65053-9353   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br><table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Missouri Hospital Association   | Occupation<br>President and CEO   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table> | 1000.00  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |  |                |
|--|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <table border="1" style="width: 100%;"> <tr><td><b>1379.81</b></td></tr> </table>  | <b>1379.81</b> |
| <b>1379.81</b>   |  |                |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table> |                |
|  |  |                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 173                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Jonathan Wade  | Date of Receipt<br>MM / DD / YYYY<br>07 / 07 / 2010 |
|           | Mailing Address 501 Joshua Street   | <b>Transaction ID:</b> 18423003                     |
|           | City State Zip Code<br>Mountain View MO 65548-7385  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer St. John's St. Francis Hospital<br>Occupation President and CEO<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. David H. Feess  | Date of Receipt<br>MM / DD / YYYY<br>07 / 09 / 2010 |
|           | Mailing Address 1219 Wildbar Drive   | <b>Transaction ID:</b> 18423010                     |
|           | City State Zip Code<br>Liberty MO 64068-4005   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Liberty Hospital<br>Occupation Assistant Administrator<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Theresa J. Rogers   | Date of Receipt<br>MM / DD / YYYY<br>07 / 09 / 2010 |
|           | Mailing Address 2644 Jennifer Drive  | <b>Transaction ID:</b> 18423012                     |
|           | City State Zip Code<br>Jefferson City MO 65101-3997  | Amount of Each Receipt this Period<br>385.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Missouri Hospital Association<br>Occupation Senior Vice President, Data & Informat<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>385.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 885.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. E Jerry E Jurena

Mailing Address 1622 E. Interstate Avenue  
Suite B

City State Zip Code  
Bismarck ND 58503-0561

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

Name of Employer Occupation  
North Dakota Hospital Association President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 18423277

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dolan Dalpoas

Mailing Address 130 Half Moon

City State Zip Code  
Lincoln IL 62656-1327

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

Name of Employer Occupation  
Abraham Lincoln Memorial Hospital President & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
312.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 18423386

Amount of Each Receipt this Period

312.50

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Anil Godbole, MD., S.C.

Mailing Address 1893 Mission Hills Lane

City State Zip Code  
Northbrook IL 60062-5760

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

Name of Employer Occupation  
Advocate Illinois Masonic Medical Cent Chairman, Dept. of Psychiatry

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 18423390

Amount of Each Receipt this Period

250.00

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

912.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul F. Hills

Mailing Address 18 Heron Lane

City State Zip Code  
Barrington IL 60010-5142

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

Name of Employer Occupation  
Centegra Health System Trustee

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 18423395

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Jurica, M.D.

Mailing Address 350 North Wall Street

City State Zip Code  
Kankakee IL 60901-2901

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

Name of Employer Occupation  
Riverside Medical Center Vice President Medical Affairs

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 18423396

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gary E Kaatz

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
Rockford IL 61103-3692

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 18423397

Amount of Each Receipt this Period

500.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Phillip M Kambic

Mailing Address 350 North Wall Street

City State Zip Code  
Kankakee IL 60901-2901

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

Name of Employer Occupation  
Riverside Medical Center Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 18423398

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Evert J. Kuiper

Mailing Address 4001 Stoneledge Court

City State Zip Code  
Godfrey IL 62035-1160

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

Name of Employer Occupation  
Saint Anthony's Health System Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 18423403

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James C Leonard, , M.D.

Mailing Address 611 West Park Street

City State Zip Code  
Urbana IL 61801-2500

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

Name of Employer Occupation  
Carle Foundation Hospital President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 18423405

Amount of Each Receipt this Period  
500.00

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

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 23 / 173                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Daniel Parod   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 12 / 2010 |
| Mailing Address 2400 North Rockton Avenue   |                                    | <b>Transaction ID:</b> 18423494                     |
| City<br>Rockford  | State<br>IL                        | Zip Code<br>61103-3655                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Rockford Memorial Hospital  | Occupation<br>VP, Human Resouces   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Aaron T. Shepley   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 12 / 2010 |
| Mailing Address 385 Millennium Drive  |   | <b>Transaction ID:</b> 18423496                     |
| City<br>Crystal Lake  | State<br>IL   | Zip Code<br>60012-3740                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Centegra Health System  | Occupation<br>Chief Quality Officer/General Counsel |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Jennifer Burrows   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
| Mailing Address 4805 Glencore Way   |                                    | <b>Transaction ID:</b> 18426054                     |
| City<br>Williamsburg  | State<br>VA                        | Zip Code<br>23188-5701                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>350.00        |
| Name of Employer<br>Sentara Williamsburg Regional Medical   | Occupation<br>Vice President       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Christine M. Candio, RN

Mailing Address 5235 Bessley Place

City State Zip Code  
Alexandria VA 22304-8647

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

Name of Employer Inova Alexandria Hospital Occupation Sr Vice President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18426056

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Patricia Conway-Morana

Mailing Address 3300 Gallows Road

City State Zip Code  
Falls Church VA 22042-3307

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

Name of Employer Inova Fairfax Hospital Occupation Chief Nurse Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18426061

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ramon Darcey

Mailing Address 535 Independence Parkway Suite 200

City State Zip Code  
Chesapeake VA 23320-5176

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

Name of Employer Sentara Healthcare Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18426063

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Mark Ehret

Mailing Address 17309 Black Rock RD

City State Zip Code  
Germantown MD 20874-2245

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

Name of Employer Occupation  
Inova Health System Architect Director

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18426074

Amount of Each Receipt this Period

|        |
|--------|
| 350.00 |
|--------|

**B.**

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

Mailing Address 170 Spoon Court

City State Zip Code  
Yorktown VA 23693-5591

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

Name of Employer Occupation  
Sentara Healthcare Vice President

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18426088

Amount of Each Receipt this Period

|        |
|--------|
| 350.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Genemarie P McGee

Mailing Address 3728 Ballahack Road

City State Zip Code  
Chesapeake VA 23322-3201

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

Name of Employer Occupation  
Sentara Leigh Hospital Vice President

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18426095

Amount of Each Receipt this Period

|        |
|--------|
| 350.00 |
|--------|

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

|         |
|---------|
| 1050.00 |
|---------|

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

|  |
|--|
|  |
|--|

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code  
Fredericksburg VA 22401-4453

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18426101

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address P O Box 3340

City State Zip Code  
Winchester VA 22604-1334

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

Name of Employer Occupation  
Winchester Medical Center Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18426102

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 2600 Stoney Ct.

City State Zip Code  
Richmond VA 23233-2168

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

Name of Employer Occupation  
Bon Secours St. Mary's Hospital V/P Materials Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18426103

Amount of Each Receipt this Period  
350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Gerald Seager

Mailing Address 7509 Mendota Place

City State Zip Code  
Springfield VA 22150-4123

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

Name of Employer Occupation  
Inova Health System Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18426104

Amount of Each Receipt this Period

350.00

**B.**

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

Mailing Address 10620 Belfast Place

City State Zip Code  
Potomac MD 20854-1704

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

Name of Employer Occupation  
Inova Health System Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18426105

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. J Knox Singleton

Mailing Address 8110 Gatehouse Road

City State Zip Code  
Falls Church VA 22042-1210

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18426106

Amount of Each Receipt this Period

350.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 8580 Magellan Parkway

City Richmond State VA Zip Code 23227-1149

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

Name of Employer: Bon Secours-Richmond Community Hospita  
Occupation: Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID:** 18426109  
 Amount of Each Receipt this Period: 350.00

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

Mailing Address 8323 Private Line

City Annandale State VA Zip Code 22304-1594

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

Name of Employer: Inova Health System  
Occupation: Vice President, Administration

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID:** 18426111  
 Amount of Each Receipt this Period: 350.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Ward

Mailing Address 4320 Seminary Road

City Alexandria State VA Zip Code 22304-1500

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

Name of Employer: Inova Alexandria Hospital  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID:** 18426112  
 Amount of Each Receipt this Period: 350.00

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis D Keefe

Mailing Address 1493 Cambridge Street

City State Zip Code  
Cambridge MA 02139-1047

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

Name of Employer Occupation  
Cambridge Health Alliance Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18426141

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr David Abelson

Mailing Address 6500 Excelsior Boulevard

City State Zip Code  
Saint Louis Park MN 55426-4702

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

Name of Employer Occupation  
Park Nicollet Health Services President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18426144

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel K Anderson

Mailing Address 5200 Fairview Boulevard

City State Zip Code  
Wyoming MN 55092-8013

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

Name of Employer Occupation  
Fairview Lakes Regional Health Care President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18426145

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 1282 Walnut Street

City Dawson State MN Zip Code 56232-2333

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

Name of Employer Johnson Memorial Health Services  
Occupation Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID: 18426162**  
 Amount of Each Receipt this Period: 425.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Mark A Skubic

Mailing Address 6500 Excelsior Boulevard

City Minneapolis State MN Zip Code 55426-4702

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

Name of Employer Park Nicollet Health Services  
Occupation Vice President Government Relations and

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID: 18426172**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Daniel R. Kelly

Mailing Address 508 2nd street N.E.

City Watford City State ND Zip Code 58854-7402

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

Name of Employer McKenzie County Healthcare System  
Occupation Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID: 18427182**  
 Amount of Each Receipt this Period: 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark J Neff, , FACHE

Mailing Address 222 Medical Circle

City State Zip Code  
Morehead KY 40351-1179

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

Name of Employer Occupation  
St. Claire Regional Medical Center President and Chief Executive Officer

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18431442

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph B. Miller

Mailing Address 1980 Bayview Drive

City State Zip Code  
Madisonville KY 42431-9113

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

Name of Employer Occupation  
Regional Medical Center of Hopkins Cou Vice President

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18431444

Amount of Each Receipt this Period

|        |
|--------|
| 350.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)  
Mr Timothy R Dukes

Mailing Address 900 Hospital Drive

City State Zip Code  
Madisonville KY 42431-1644

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

Name of Employer Occupation  
Regional Medical Center of Hopkins Cou VP of Operations

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18431445

Amount of Each Receipt this Period

|        |
|--------|
| 300.00 |
|--------|

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

|         |
|---------|
| 1650.00 |
|---------|

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

|  |
|--|
|  |
|--|

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 1008 Crewn Point

City State Zip Code  
Madisonville KY 42431-8692

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

Name of Employer Regional Medical Center of Hopkins Cou  
Occupation Vice President Human Resources

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** 18431446

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Shawn Smothers

Mailing Address 317 First Avenue, NW  
P. O. Box 697

City State Zip Code  
Kenmare ND 58746-7104

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

Name of Employer Trinity Health  
Occupation Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** 18431472

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 720 Fourth Street North

City State Zip Code  
Fargo ND 58122-4520

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** 18431507

Amount of Each Receipt this Period  
250.00

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

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



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

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

FOR LINE NUMBER: PAGE 33 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Caron

Mailing Address 1195 Shore Road

City State Zip Code  
Cape Elizabeth ME 04107-2112

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

Name of Employer Occupation  
Maine Medical Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18431602

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter E Chalke

Mailing Address 300 Main Street

City State Zip Code  
Lewiston ME 04240-0305

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18431603

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George G Couch

Mailing Address 36 Floral Drive

City State Zip Code  
Wheeling WV 26003-5464

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

Name of Employer Occupation  
Wetzel County Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2010

**Transaction ID:** 18431608

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce Schroffel

Mailing Address 12401 East 17th Avenue

City State Zip Code  
Aurora CO 80045-2548

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

Name of Employer Occupation  
University of Colorado Ho- President and Chief Executive Officer  
spital

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2010

Transaction ID: 18431610

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Barbara Brown, Ph.D.

Mailing Address 11 Countryside Lane

City State Zip Code  
Richmond VA 23229-7928

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

Name of Employer Occupation  
Virginia Hospital & Health- Vice President  
care Associa

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2010

Transaction ID: 18431623

Amount of Each Receipt this Period

200.00

**C.**

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

Mailing Address 919 Graydon Ave

City State Zip Code  
Norfolk VA 23507-1207

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

Name of Employer Occupation  
Sentara Norfolk General VP Cardiac/Transplant Ser  
Hospital

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2010

Transaction ID: 18431624

Amount of Each Receipt this Period

350.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 6998 Rotherham Dr.

City State Zip Code  
Mechanicsville VA 23116-4826

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

Name of Employer  
Bon Secours-Richmond Community Hospita

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2010

Transaction ID: 18431627

Amount of Each Receipt this Period

350.00

**B.**

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

Mailing Address 1314 Brunswick Avenue

City State Zip Code  
Norfolk VA 23508-1345

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

Name of Employer  
Sentara Bayside Hospital

Occupation  
Vice President Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2010

Transaction ID: 18431634

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Rashid Baddoura, MD

Mailing Address 120 Heights Road

City State Zip Code  
Ridgewood NJ 07450-2412

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

Name of Employer  
Valley Health System

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2010

Transaction ID: 18431636

Amount of Each Receipt this Period

250.00

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

950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas A Biga

Mailing Address 29 Highand Avenue

City State Zip Code  
Fair Haven NJ 07704-3620

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

Name of Employer Occupation  
Saint Barnabas Health Care System Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2010

Transaction ID: 18431638

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 3 Castle Court

City State Zip Code  
Randolph NJ 07869-2022

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

Name of Employer Occupation  
Saint Barnabas Health Care System Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2010

Transaction ID: 18431639

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 5 Ephriam Road

City State Zip Code  
Clarksburg NJ 08510-1620

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2010

Transaction ID: 18431649

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

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

Mailing Address PO Box 1336

City State Zip Code  
Boca Grande FL 33921-1336

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

Name of Employer Occupation  
Beaumont Hospitals Trustee

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434957

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 901 Lakeshore Drive

City State Zip Code  
Ishpeming MI 49849-1367

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

Name of Employer Occupation  
Bell Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434958

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)  
Ms. Laura D. Appel

Mailing Address 110 West Michigan Avenue  
Suite 1200

City State Zip Code  
Lansing MI 48933-1611

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

Name of Employer Occupation  
Michigan Health & Hospital Association Vice President, Federal Policy & Advoc

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434959

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 1125 Lake Winyah Road

City State Zip Code  
Alpena MI 49707-8117

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

Name of Employer Occupation  
Alpena Regional Medical Trustee  
Center

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434960

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Amy Barkholz

Mailing Address 905 Sanctuary Dr.

City State Zip Code  
Mason MI 48854-1390

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

Name of Employer Occupation  
Michigan Health & Hospital General Counsel  
Association

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434961

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Terry L. Baxter

Mailing Address 6372 Buckham Wood Dr.

City State Zip Code  
Kalamazoo MI 49009-7597

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

Name of Employer Occupation  
Borgess Health Chief Medical Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434962

Amount of Each Receipt this Period

250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 2288 Barnsbury Road

City East Lansing State MI Zip Code 48823-7780

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

Name of Employer Sparrow Hospital Occupation Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: 18434965

Amount of Each Receipt this Period 375.00

**B.**

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

Mailing Address 339 Kensington Road

City East Lansing State MI Zip Code 48823-4046

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

Name of Employer Sparrow Hospital Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: 18434966

Amount of Each Receipt this Period 225.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Denise Brooks-Williams

Mailing Address 300 North Avenue

City Battle Creek State MI Zip Code 49017-3307

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

Name of Employer Battle Creek Health System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: 18434967

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Edward Burke

Mailing Address 65 Renaud

City State Zip Code  
Grosse Pointe Shor MI 48236-1741

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

Name of Employer Occupation  
Oakland Regional Hospital President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434969

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 7123 Kennowy Court

City State Zip Code  
West Bloomfield MI 48322-3276

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

Name of Employer Occupation  
Henry Ford Health System Senior Vice President and Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434971

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 44010 Deep Hollow Circle

City State Zip Code  
Northville MI 48168-8412

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

Name of Employer Occupation  
Oakwood Healthcare, Inc. SVP, Human Resources

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434972

Amount of Each Receipt this Period

500.00

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

1250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 998 Brookwood St.

City State Zip Code  
Birmingham MI 48009-1102

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

Name of Employer Occupation  
Henry Ford Health System Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434973

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gerson I Cooper

Mailing Address 1924 Sherwood Glen

City State Zip Code  
Bloomfield Hills MI 48302-1772

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

Name of Employer Occupation  
Botsford Continuum Health System CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434974

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 200 North Madison Street

City State Zip Code  
Marshall MI 49068-1143

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

Name of Employer Occupation  
Oaklawn Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434976

Amount of Each Receipt this Period  
250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Seshagiri Dandamudi

Mailing Address 111 Devenshire Court

City State Zip Code  
Battle Creek MI 49015-9647

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

Name of Employer Occupation  
Battle Creek Health System Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18434977

Amount of Each Receipt this Period  
500.00

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

Mailing Address 274 East Chicago Street

City State Zip Code  
Coldwater MI 49036-2041

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

Name of Employer Occupation  
Community Health Center of Branch Coun President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18434979

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Catherine M. DeVet

Mailing Address 281 Rolling Hills Lane

City State Zip Code  
Petoskey MI 49770-9602

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

Name of Employer Occupation  
Northern Michigan Regional Hospital President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18434980

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. J. Joseph Diederich

Mailing Address 365 Windy Crest Drive

City State Zip Code  
Ann Arbor MI 48105-3014

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

Name of Employer Occupation  
Oakwood Healthcare, Inc. Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434982

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bob Doud

Mailing Address 1914 Skyler Drive

City State Zip Code  
Kalamazoo MI 49008-2882

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434984

Amount of Each Receipt this Period

212.50

**C.**

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

Mailing Address 1534 S Franklin Avenue

City State Zip Code  
Flint MI 48503-2877

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

Name of Employer Occupation  
Genesys Health System Foundation Liaison

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434986

Amount of Each Receipt this Period

250.00

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

712.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 8417 N. Gills Pier Road

City State Zip Code  
Northport MI 49670-9538

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

Name of Employer Occupation  
Munson Healthcare Trustee

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434988

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Garry C Faja

Mailing Address 920 Aberdeen

City State Zip Code  
Ann Arbor MI 48104-2808

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

Name of Employer Occupation  
Saint Joseph Mercy Health System President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434989

Amount of Each Receipt this Period

1000.00

**C.**

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

Mailing Address 7463 Cottage Oak Drive

City State Zip Code  
Portage MI 49024-2352

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Senior VP, Legal/Legislative Relations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18434990

Amount of Each Receipt this Period

325.00

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

1575.00

**TOTAL** This Period (last page this line 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 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dwight Gascho

Mailing Address 170 North Caseville Road

City State Zip Code  
Pigeon MI 48755-9704

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

Name of Employer Occupation  
Scheurer Hospital President and Chief Executive Officer

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18434995

Amount of Each Receipt this Period

|        |
|--------|
| 250.00 |
|--------|

**B.**

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

Mailing Address 3231 Bangor Rd.

City State Zip Code  
Bay City MI 48706-1852

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

Name of Employer Occupation  
Bay Regional Medical Center President & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18434996

Amount of Each Receipt this Period

|        |
|--------|
| 650.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ira Ginsburg

Mailing Address 2745 Southwood Drive

City State Zip Code  
East Lansing MI 48823-2344

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

Name of Employer Occupation  
Sparrow Hospital Senior VP, Operations

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

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Transaction ID: 18434997

Amount of Each Receipt this Period

|        |
|--------|
| 250.00 |
|--------|

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

|         |
|---------|
| 1150.00 |
|---------|

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

|  |
|--|
|  |
|--|

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 46 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr Guy Golembiewski      | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address 828 Woodview Drive                                  | <b>Transaction ID:</b> 18434998                     |
|   | City State Zip Code<br>Harbor Springs MI 49740-9592                 | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Northern Michigan Regional Hospital   | Occupation<br>Interim Vice President, Medical Affairs               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Peter Graham         | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address 2233 Quarry Road                                    | <b>Transaction ID:</b> 18434999                     |
|   | City State Zip Code<br>East Lansing MI 48823-7234                   | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Sparrow Hospital  | Occupation<br>Vice President, Sparrow Medical Group                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John R Graham        | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address 2493 Davis  | <b>Transaction ID:</b> 18435000                     |
|   | City State Zip Code<br>Fenton MI 48430-8852                         | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>St. Mary's of Michigan  | Occupation<br>President and Chief Executive Officer                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 775 South Main Street

City State Zip Code  
Chelsea MI 48118-1383

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

Name of Employer Occupation  
Chelsea Community Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435002

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Sylvia Hagenlocker

Mailing Address 290 Lone Pine Rd.

City State Zip Code  
Bloomfield Hills MI 48304-3543

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

Name of Employer Occupation  
Beaumont Hospitals Trustee

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435003

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Kathleen Harrelson

Mailing Address 6181 Karabrook Court

City State Zip Code  
Kalamazoo MI 49009-8961

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Vice President of Nursing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 237.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435005

Amount of Each Receipt this Period

237.50

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

737.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

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

Mailing Address 5864 Blue Jay Drive

City State Zip Code  
Kalamazoo MI 49009-0800

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Vice President Human Resources

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435006

Amount of Each Receipt this Period  
325.00

B.

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

Mailing Address 350 Crosswind Drive

City State Zip Code  
Dimondale MI 48821-9795

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

Name of Employer Occupation  
Michigan Health & Hospital Association Chief Finance Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435008

Amount of Each Receipt this Period  
750.00

C.

Full Name (Last, First, Middle Initial)  
Mr Dennis R Herrick

Mailing Address 1450 Redding

City State Zip Code  
Birmingham MI 48009-1027

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

Name of Employer Occupation  
Beaumont Hospitals Vice President and Chief Financial Off

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435010

Amount of Each Receipt this Period  
250.00

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

1325.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 20 Marquette Drive

City State Zip Code  
Marquette MI 49855-5233

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

Name of Employer Occupation  
Marquette General Health System Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435011

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 911 Balfour

City State Zip Code  
Grosse Pointe Park MI 48230-1815

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

Name of Employer Occupation  
St. John Providence Health System Sr. Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435012

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 2440 Antietam Drive

City State Zip Code  
Ann Arbor MI 48105-1471

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

Name of Employer Occupation  
Saint Joseph Mercy Health System Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435013

Amount of Each Receipt this Period

500.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Holmes

Mailing Address 1982 N Farley

City State Zip Code  
Essexville MI 48732-9738

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

Name of Employer Occupation  
Bay Regional Medical Center Medical Director-Surgical Services

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435014

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Edith M Hughes

Mailing Address 5450 Fort Street

City State Zip Code  
Trenton MI 48183-4601

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

Name of Employer Occupation  
Oakwood Healthcare, Inc. Division President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435015

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David B. Jahn

Mailing Address 3341 Lakeshore Drive

City State Zip Code  
Sault Sainte Marie MI 49783-1111

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

Name of Employer Occupation  
War Memorial Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435018

Amount of Each Receipt this Period

500.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Johnson

Mailing Address 6376 Pleasant River Drive

City State Zip Code  
Dimondale MI 48821-9739

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

Name of Employer Occupation  
Eaton Rapids Medical Center President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435019

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Neil Johnson

Mailing Address 6892 Penny Lane

City State Zip Code  
Kalamazoo MI 49009-7505

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435020

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John L. Jones, Jr.

Mailing Address 1814 Hazel Avenue

City State Zip Code  
Kalamazoo MI 49008-2844

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 237.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435021

Amount of Each Receipt this Period

237.50

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

622.50

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 52 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |                               |   |  |  |
|-----------|---|-------------------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Peter Karadjoff  |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010   |  |  |
|           | Mailing Address 304 Fairway Court                               |                               | <b>Transaction ID:</b> 18435023   |  |  |
|           | City<br>St. Clair   | State<br>MI                   | Zip Code<br>48079-3570  | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                               |   |  |  |
|           | Name of Employer<br>St. Joseph Mercy Port Huron                 | Occupation<br>President & CEO | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

Aggregate Year-to-Date ▼  
500.00

|           |   |                         |   |  |  |
|-----------|---|-------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr John Keuten       |                         | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010   |  |  |
|           | Mailing Address 570 Brittany Court                              |                         | <b>Transaction ID:</b> 18435026   |  |  |
|           | City<br>Rochester Hills   | State<br>MI             | Zip Code<br>48309-2613  | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                         |   |  |  |
|           | Name of Employer<br>Oakwood Healthcare, Inc.                    | Occupation<br>President | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

Aggregate Year-to-Date ▼  
500.00

|           |   |                              |   |  |  |
|-----------|---|------------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Cheryl Knapp     |                              | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010   |  |  |
|           | Mailing Address 7183 Cross Country Drive                        |                              | <b>Transaction ID:</b> 18435028   |  |  |
|           | City<br>Kalamazoo   | State<br>MI                  | Zip Code<br>49009-7588  | Amount of Each Receipt this Period<br>210.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                              |   |  |  |
|           | Name of Employer<br>Bronson Healthcare Group, Inc.              | Occupation<br>Vice President | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

Aggregate Year-to-Date ▼  
210.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 960.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mark D. Kolins, MD

Mailing Address 777 Overhill Road

City State Zip Code  
Bloomfield Village MI 48301-2571

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

Name of Employer Occupation  
Beaumont Hospitals Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435029

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 19611 220th Avenue

City State Zip Code  
Tustin MI 49688-8257

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

Name of Employer Occupation  
Mercy Hospital Cadillac Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435031

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 50 North Perry Street

City State Zip Code  
Pontiac MI 48342-2217

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

Name of Employer Occupation  
POH Regional Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435033

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott D. Larson, MD

Mailing Address 1531 Academy Street

City State Zip Code  
Kalamazoo MI 49006-4400

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

Name of Employer: Bronson Healthcare Group, Inc. Occupation: Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435035  
Amount of Each Receipt this Period: 325.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim Lee

Mailing Address 803 Greenwich Drive

City State Zip Code  
Grand Ledge MI 48837-2411

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

Name of Employer: Michigan Health & Hospital Association Occupation: VP, Data Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435036  
Amount of Each Receipt this Period: 375.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary LeRoy

Mailing Address 4158 Quaker Hill Drive

City State Zip Code  
Fort Gratiot MI 48059-4036

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

Name of Employer: Port Huron Hospital Occupation: Assistant Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435037  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 / 173                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Rolland Mambourg, M.D. |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |  |  |
|   | Mailing Address 1690 Waterside Ct.                                    |   | Transaction ID: 18435041                            |  |  |
|   | City<br>Ann Arbor   | State<br>MI                                     | Zip Code<br>48108-8578                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C       |   |   |  |  |
|   | Name of Employer<br>Saint Joseph Mercy Health System                  | Occupation<br>Vice President Physician Services | Aggregate Year-to-Date<br>500.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |  |  |

|   |   |                   |   |  |  |
|---|---|-------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael Markel   |                   | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |  |  |
|   | Mailing Address 8689 Scenic Bluff Lane                          |                   | Transaction ID: 18435042                            |  |  |
|   | City<br>White Lake  | State<br>MI       | Zip Code<br>48386-2058                              | Amount of Each Receipt this Period<br>237.50 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                   |   |  |  |
|   | Name of Employer<br>Saint Joseph Mercy Health System            | Occupation<br>CNO | Aggregate Year-to-Date<br>237.50                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |   |  |  |

|   |   |                               |   |  |  |
|---|---|-------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Steven W Martineau |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |  |  |
|   | Mailing Address 500 Kane St.                                      |                               | Transaction ID: 18435043                            |  |  |
|   | City<br>Mt Pleasant   | State<br>MI                   | Zip Code<br>48858-1651                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C   |                               |   |  |  |
|   | Name of Employer<br>Central Michigan Community Hospital           | Occupation<br>General Counsel | Aggregate Year-to-Date<br>250.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                               |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 987.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Patricia A Maryland, , Dr.PH

Mailing Address 532 Barrington Court

City State Zip Code  
Bloomfield Hills MI 48304-2121

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

Name of Employer St. John Providence Health System  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435044

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William J Mayer, MD

Mailing Address 3521 Whistling Ln.

City State Zip Code  
Portage MI 49024-5513

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

Name of Employer Bronson Healthcare Group, Inc.  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435046

Amount of Each Receipt this Period  
210.00

**C.**

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

Mailing Address 5686 Briar Glen

City State Zip Code  
Saline MI 48176-9537

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

Name of Employer Oakwood Healthcare, Inc.  
Occupation Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435049

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **960.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 11425 Long Point Dr.

City State Zip Code  
Plainwell MI 49080-9265

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

Name of Employer  
Bronson Healthcare Group, Inc.

Occupation  
Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435050

Amount of Each Receipt this Period  
237.50

**B.**

Full Name (Last, First, Middle Initial)  
Mr Eugene F Michalski

Mailing Address 3711 West Thirteen Mile Road

City State Zip Code  
Royal Oak MI 48073

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

Name of Employer  
Beaumont Hospitals

Occupation  
Executive Vice President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435051

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Shahin Motakef

Mailing Address 25727 Stonebridge Ave

City State Zip Code  
Mattawan MI 49071-7737

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

Name of Employer  
Borgess Health

Occupation  
Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435055

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **987.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Rodney M Nelson

Mailing Address 220 Burdette Street

City State Zip Code  
Saint Ignace MI 49781-1712

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

Name of Employer Mackinac Straits Hospital and Health C  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435058

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Randall D Oostr, , FACHE

Mailing Address 1801 Richards Road

City State Zip Code  
Toledo OH 43607-1037

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435060

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 5433 Zimmer Road

City State Zip Code  
Williamston MI 48895-9181

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

Name of Employer Sparrow Hospital  
Occupation Vice President of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435061

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Francine M. Padgett

Mailing Address 21 Hunter's Ridge

City State Zip Code  
Saginaw MI 48609-9318

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

Name of Employer Occupation  
MidMichigan Health Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435062

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Palazzolo

Mailing Address 3260 Charlwood Dr.

City State Zip Code  
Rochester Hills MI 48306-3614

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

Name of Employer Occupation  
Genesys Health System Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435063

Amount of Each Receipt this Period  
175.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steve Paulus

Mailing Address 17020 Carriage Way

City State Zip Code  
Northville MI 48168-6602

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

Name of Employer Occupation  
Saint Joseph Mercy Health System Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435064

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 925.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Serbenski Pelletier

Mailing Address 51255 38th Street

City Paw Paw State MI Zip Code 49079-8315

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

Name of Employer Bronson Healthcare Group, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 13 / 2010

Transaction ID: 18435065

Amount of Each Receipt this Period 210.00

**B.**

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

Mailing Address 4621 Beaconsfield Ct.

City Toledo State OH Zip Code 43623-3205

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

Name of Employer ProMedica Health System Occupation Vice President, Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2010

Transaction ID: 18435066

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 8379 Raspberry Lane

City Charlevoix State MI Zip Code 49720-9301

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

Name of Employer n/a Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2010

Transaction ID: 18435067

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 710.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Annette S Phillips

Mailing Address 718 North Macomb Street

City State Zip Code  
Monroe MI 48162-7815

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

Name of Employer Occupation  
Mercy Memorial Hospital System President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435068

Amount of Each Receipt this Period

375.00

**B.**

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

Mailing Address 32551 Myrna

City State Zip Code  
Livonia MI 48154-2911

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

Name of Employer Occupation  
Henry Ford Health System Group Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435069

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Donna J. Rapp

Mailing Address 2330 N Deer Valley

City State Zip Code  
Midland MI 48642-8800

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

Name of Employer Occupation  
MidMichigan Health Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435072

Amount of Each Receipt this Period

250.00

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

875.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Larry Rawsthorne, M.D.  
Mailing Address 2100 White Owl Way

City State Zip Code  
Okemos MI 48864-5205

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

Name of Employer Sparrow Hospital Occupation Senior Vice President Medical Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2010  
**Transaction ID: 18435073**  
 Amount of Each Receipt this Period 375.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Rebock, D.O.  
Mailing Address 1939 Fairview

City State Zip Code  
Birmingham MI 48009-1148

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

Name of Employer Botsford Hospital Occupation Director of Hospital Staff

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2010  
**Transaction ID: 18435074**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Paula Reichle  
Mailing Address 919 Hagadorn Road

City State Zip Code  
Mason MI 48854-9336

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

Name of Employer Sparrow Hospital Occupation Senior Vice President & CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2010  
**Transaction ID: 18435075**  
 Amount of Each Receipt this Period 375.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 8804 Weeping Pine Ln

City State Zip Code  
Kalamazoo MI 49009-6733

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435076

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 45989 Tournament Drive

City State Zip Code  
Northville MI 48167-9633

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

Name of Employer Occupation  
Henry Ford Health System Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435079

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 2662 Innisbrook Drive

City State Zip Code  
Portage MI 49024-7872

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435080

Amount of Each Receipt this Period

210.00

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

960.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 3979 N. Perrine Road

City State Zip Code  
Midland MI 48642-8336

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

Name of Employer Occupation  
MidMichigan Health Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435082

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory H Rogers

Mailing Address 405 Hunters Ridge

City State Zip Code  
Midland MI 48640-2920

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

Name of Employer Occupation  
MidMichigan Health President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435083

Amount of Each Receipt this Period  
375.00

**C.**

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

Mailing Address 22350 Banyan Hideaway Dr.

City State Zip Code  
Bonita Springs FL 34135-8151

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

Name of Employer Occupation  
Henry Ford Health System Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435084

Amount of Each Receipt this Period  
250.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 321 East Harris Street

City State Zip Code  
Charlotte MI 48813-1697

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

Name of Employer: Hayes Green Beach Memorial Hospital  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID: 18435085**  
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 55462 Fisher Lake Road

City State Zip Code  
Three Rivers MI 49093-9040

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

Name of Employer: Three Rivers Health  
Occupation: Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID: 18435086**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph J. Ruth

Mailing Address 6480 Kernwood

City State Zip Code  
East Lansing MI 48823-9432

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

Name of Employer: Sparrow Hospital  
Occupation: Executive Vice President & COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID: 18435087**  
 Amount of Each Receipt this Period: 405.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1155.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth S. Schnettler

Mailing Address 9120 Port Austin Road

City State Zip Code  
Bay Port MI 48720-9770

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

Name of Employer Hospital Council of East Central Michi  
Occupation President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435091

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 805 Ledge Moor Blvd.

City State Zip Code  
Grand Ledge MI 48837-2037

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

Name of Employer Michigan Health & Hospital Association  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435092

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James J Sexton, , FACHE

Mailing Address 2333 Biddle Avenue

City State Zip Code  
Wyandotte MI 48192-4668

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

Name of Employer Henry Ford Health System  
Occupation President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435093

Amount of Each Receipt this Period

250.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 / 173                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jack A. Shaw

Mailing Address 555 Maple Knoll Rd.

City State Zip Code  
Coldwater MI 49036-7816

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

Name of Employer Occupation  
Community Health Center of Branch Coun Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435095

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Camille Shy

Mailing Address 13200 Cambridge Court

City State Zip Code  
Plymouth MI 48170-3099

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

Name of Employer Occupation  
Saint Joseph Mercy Health System Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435097

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael A. Slubowski

Mailing Address 43515 Vero Court

City State Zip Code  
Northville MI 48167-8975

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

Name of Employer Occupation  
Trinity Health President Health Networks

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435098

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 68 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger Spoelman

Mailing Address 72 South State Street

City State Zip Code  
Shelby MI 49455-1228

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

Name of Employer: Mercy Health Partners, Mercy Campus  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID:** 18435101  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall Stasik

Mailing Address 212 South Sullivan Street

City State Zip Code  
Fremont MI 49412-1548

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

Name of Employer: Spectrum Health Gerber Memorial  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID:** 18435102  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph R Swedish

Mailing Address 27870 Cabot Drive

City State Zip Code  
Novi MI 48377-2920

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

Name of Employer: Trinity Health  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 13 / 2010  
**Transaction ID:** 18435103  
 Amount of Each Receipt this Period: 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Szczyпка

Mailing Address 5347 Falling Leaf Drive

City State Zip Code  
Ann Arbor MI 48108-9124

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

Name of Employer Occupation  
Saint Joseph Mercy Health System CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435104

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Kenneth L Taft

Mailing Address 2964 East T Ave.

City State Zip Code  
Portage MI 49002-7533

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

Name of Employer Occupation  
Bronson Healthcare Group, Inc. Executive Vice President and COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435105

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph M Tasse, , FACHE

Mailing Address 11800 East Twelve Mile Road

City State Zip Code  
Warren MI 48093-3494

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

Name of Employer Occupation  
St. John Macomb-Oakland Hospital, Maco President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435106

Amount of Each Receipt this Period  
375.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark R Taylor

Mailing Address 5853 Hartford Way

City State Zip Code  
Brighton MI 48116-7809

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

Name of Employer Occupation  
Genesys Health System President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435108

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gerald Van Grinsven

Mailing Address 29518 Strathmore Dr.

City State Zip Code  
Farmington Hills MI 48331-2399

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

Name of Employer Occupation  
Henry Ford Health System Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435110

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Henry A Veenstra

Mailing Address 8333 Felch Street

City State Zip Code  
Zeeland MI 49464-2608

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

Name of Employer Occupation  
Zeeland Community Hospital President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435111

Amount of Each Receipt this Period

250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Vipperman

Mailing Address 4293 W Hansen

City State Zip Code  
Ludington MI 49431-9610

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

Name of Employer: Memorial Medical Center of West Michig  
Occupation: President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435112  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall J Wagner

Mailing Address 4691 Old Grand River Tr

City State Zip Code  
Ada MI 49301-8614

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

Name of Employer: Saint Mary's Health Care  
Occupation: COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435113  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brook Ward

Mailing Address 155 Wilson Avenue

City State Zip Code  
Washington PA 15301-3336

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

Name of Employer: Washington Hospital  
Occupation: Executive Vice-President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435114  
Amount of Each Receipt this Period: 210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **710.00**

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 72 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Patrick R Wardell                           | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address One Hurley Plaza   | <b>Transaction ID:</b> 18435115                     |
|   | City State Zip Code<br>Flint MI 48503-5902   | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                            |   |
|   | Name of Employer Occupation<br>Hurley Medical Center President and Chief Executive Officer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Sam R. Watson                                       | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address 1240 E. Mill Street  | <b>Transaction ID:</b> 18435116                     |
|   | City State Zip Code<br>Hastings MI 49058-9185  | Amount of Each Receipt this Period<br>750.00        |
|   | FEC ID number of contributing federal political committee.<br>C                                    |   |
|   | Name of Employer Occupation<br>Michigan Health & Hospital Association Associate Executive Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Mike Way                      | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address 7049 Turkey Glen Trail                                       | <b>Transaction ID:</b> 18435117                     |
|   | City State Zip Code<br>Kalamazoo MI 49009-7031                               | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C              |   |
|   | Name of Employer Occupation<br>Bronson Healthcare Group, Inc. Vice President |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jack Weiner

Mailing Address 44405 Woodward Avenue

City State Zip Code  
Pontiac MI 48341-5023

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

Name of Employer St. Joseph Mercy Oakland Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18435118

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Douglas D Welday

Mailing Address 32468 Sandstone Ct.

City State Zip Code  
Farmington Hills MI 48334-4321

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

Name of Employer Oakwood Healthcare, Inc. Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18435119

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeanne Wickens

Mailing Address 7868 Dan Patch Drive

City State Zip Code  
Jackson MI 49201-9363

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

Name of Employer Allegiance Health Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 18435121

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 925.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael C. Wiemann, M.D.

Mailing Address 5748 Heatherfield Court

City State Zip Code  
West Bloomfield MI 48322-1333

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

Name of Employer Occupation  
Providence Hospital President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435122

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Lawrence H. Wilhite

Mailing Address 3006 Pinto Circle

City State Zip Code  
Lansing MI 48906-9082

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

Name of Employer Occupation  
Sparrow Hospital Vice President, Legal and Risk Management

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435123

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1816 Briar Ridge Drive

City State Zip Code  
Ann Arbor MI 48108-9576

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

Name of Employer Occupation  
Saint Joseph Mercy Health System Vice President, Human Resources

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435124

Amount of Each Receipt this Period  
250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 605 Chicago Boulevard

City State Zip Code  
Detroit MI 48202-1414

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

Name of Employer Occupation  
Oakwood Healthcare, Inc. SVP, Gov't Rel, Corp Planning & Commun

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435125

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Victor A Broccolino

Mailing Address 5755 Cedar Lane

City State Zip Code  
Columbia MD 21044-2999

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

Name of Employer Occupation  
Howard County General Hospital President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2010

Transaction ID: 18435136

Amount of Each Receipt this Period

510.00

**C.**

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

Mailing Address 2005 Warren Avenue  
Post Office Box 249

City State Zip Code  
Cheyenne WY 82001-3725

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

Name of Employer Occupation  
Wyoming Hospital Association President

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2010

Transaction ID: 18435190

Amount of Each Receipt this Period

250.00

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

1010.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Nordwick

Mailing Address P O Box 1450

City State Zip Code  
Douglas WY 82633-1450

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

Name of Employer Occupation  
Memorial Hospital of Converse County President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2010

Transaction ID: 18435192

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James P Alender

Mailing Address P O Box 9011

City State Zip Code  
Kokomo IN 46904-9011

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2010

Transaction ID: 18435213

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Alexander

Mailing Address 19021 Round Lake Road

City State Zip Code  
Noblesville IN 46060-1586

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

Name of Employer Occupation  
St. Vincent Seton Specialty Hospitals Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2010

Transaction ID: 18435214

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vincent C. Caponi

Mailing Address 8166 Darnley Court

City Indianapolis State IN Zip Code 46260-2906

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

Name of Employer St. Vincent Health Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2010  
Transaction ID: 18435224  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy A Flesch

Mailing Address 7355 Parkridge Drive

City Newburgh State IN Zip Code 47630-1832

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

Name of Employer St. Mary's Medical Center of Evansvill Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2010  
Transaction ID: 18435235  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert C Keen, , Ph.D., F

Mailing Address 4539 E. 500 N.

City Greenfield State IN Zip Code 46140-9572

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

Name of Employer Hancock Regional Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010  
Transaction ID: 18435247  
Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald L Mead

Mailing Address 4277 Sedge Ct.

City State Zip Code  
Zionsville IN 46077-8526

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

Name of Employer St. Vincent Health Occupation SVP/Chief Mission Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2010

**Transaction ID:** 18435257

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Martin Padgett

Mailing Address 1606 Fox Run Trail

City State Zip Code  
Jeffersonville IN 47130-8204

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2010

**Transaction ID:** 18435267

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sandra L. Randolph

Mailing Address 430 W. Par Ave.

City State Zip Code  
Orlando FL 32804-2929

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

Name of Employer Florida Hospital Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435372

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 10602 Woodchase Circle

City State Zip Code  
Orlando FL 32836-5885

FEC ID number of contributing federal political committee. C

Name of Employer Florida Hospital Occupation Chief People Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435377

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Mike Schultz

Mailing Address 1437 Langham Terrace

City State Zip Code  
Lake Mary FL 32746-1967

FEC ID number of contributing federal political committee. C

Name of Employer Florida Hospital Occupation CEO Florida Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435379

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr James Mondello

Mailing Address 1204 NW Winters Creek Rd

City State Zip Code  
Palm City FL 34990-8086

FEC ID number of contributing federal political committee. C

Name of Employer Martin Memorial Health Systems Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** 18435389

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Robert Weissman

Mailing Address 1212 NW Winters creek Rd

City State Zip Code  
Palm City FL 34990-8086

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

Name of Employer Occupation  
Martin Memorial Health Systems Trustee

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435405

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr David Collis

Mailing Address 418 Setter Trail

City State Zip Code  
Winter Park FL 32789-6140

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

Name of Employer Occupation  
Florida Hospital Foundation Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435418

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr John Loewenberg

Mailing Address 12777 Mariner Ct

City State Zip Code  
Palm City FL 34990-8034

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

Name of Employer Occupation  
Martin Memorial Health Systems Hospital Trustee

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435436

Amount of Each Receipt this Period

250.00

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

1000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael D Means

Mailing Address 6450 US Highway 1

City State Zip Code  
Rockledge FL 32955-5747

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

Name of Employer Health First, Inc. Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435439

Amount of Each Receipt this Period  
1045.00

**B.** Full Name (Last, First, Middle Initial)  
Mr John F Wilbanks

Mailing Address 800 Prudential Drive

City State Zip Code  
Jacksonville FL 32207-8202

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

Name of Employer Baptist Medical Center Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435440

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marvin Kurtz

Mailing Address 4967 Anniston Circle

City State Zip Code  
Tampa FL 33647-2310

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

Name of Employer University Community Hospital Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435445

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1795.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Lorraine L. Lutton

Mailing Address 6508 North River Boulevard

City State Zip Code  
Tampa FL 33604-6028

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

Name of Employer Occupation  
St. Joseph's Hospital Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435486

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Daniel R Morgan

Mailing Address P O Box 59515

City State Zip Code  
Panama City FL 32402-2515

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

Name of Employer Occupation  
Bay Medical Center Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435494

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 2820 SE 19th Place

City State Zip Code  
Cape Coral FL 33904-4015

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

Name of Employer Occupation  
Lee Memorial Hospital Chief Legal Counsel

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435496

Amount of Each Receipt this Period  
250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 9823 Capstian Cour

City State Zip Code  
Fort Myers FL 33919-3173

FEC ID number of contributing federal political committee. C

Name of Employer Lee Memorial Hospital Occupation Director of Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435502

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Isaac Mallah

Mailing Address Drawer 'H'

City State Zip Code  
Plant City FL 33564-9058

FEC ID number of contributing federal political committee. C

Name of Employer South Florida Baptist Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435503

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jerry Senne

Mailing Address 1350 S. Hickory St.

City State Zip Code  
Melbourne FL 32901-3224

FEC ID number of contributing federal political committee. C

Name of Employer Holmes Regional Medical Center Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435504

Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 84 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Larry F Garrison

Mailing Address 6450 US Highway 1

City State Zip Code  
Rockledge FL 32955-5747

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

Name of Employer Health First, Inc. Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435505  
Amount of Each Receipt this Period: 500.00

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

Mailing Address P O Box 6000

City State Zip Code  
Ocala FL 34478-6000

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

Name of Employer Munroe Regional Medical Center Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435509  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffery Hurst

Mailing Address 533 Northridge Drive

City State Zip Code  
Altamonte Springs FL 32714-1831

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

Name of Employer Florida Hospital-Altamonte Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: 18435516  
Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Bob J Galloway

Mailing Address 2346 Brookside Way

City State Zip Code  
Indialantic FL 32903-3613

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

Name of Employer Occupation  
Health First, Inc. Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435519

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Timothy K Skeldon

Mailing Address 951 North Washington Avenue

City State Zip Code  
Titusville FL 32796-2194

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

Name of Employer Occupation  
Parrish Medical Center Senior Vice President and Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435521

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffery Hurst

Mailing Address 533 Northridge Drive

City State Zip Code  
Altamonte Springs FL 32714-1831

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

Name of Employer Occupation  
Florida Hospital-Altamonte Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 18435522

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Karen Bills

Mailing Address P O Box 237388

City State Zip Code  
Cocoa Beach FL 32933

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

Name of Employer Occupation  
Palm Bay Hospital Pharmacy Manager

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435523

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis H. Baum

Mailing Address 16520 South East 155th Avenue

City State Zip Code  
Weirsdale FL 32195

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

Name of Employer Occupation  
Leesburg Regional Medical Center Vice President

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435525

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Dan Sacco

Mailing Address 1002 Hermossa Rd

City State Zip Code  
Eustis FL 32726-6001

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

Name of Employer Occupation  
Central Florida Regional Hospital Vice President

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 18435526

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 87 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Douglas Vang

Mailing Address 502 Harwood Dr S

City State Zip Code  
Fargo ND 58104-6276

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

Name of Employer MeritCare Medical Center      Occupation President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID:** 18440336

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Normand E Deschene, , FACHE

Mailing Address 295 Varnum Avenue

City State Zip Code  
Lowell MA 01854-2134

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID:** 18440694

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street  
220

City State Zip Code  
Burlington MA 01803-3766

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

Name of Employer Massachusetts Organization of Nurse Ex  
Occupation Executive Director

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID:** 18440695

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Lex S. Anderson

Mailing Address 1923 South Utica Avenue

City State Zip Code  
Tulsa OK 74104-6502

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

Name of Employer Occupation  
St. John Medical Center Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

Transaction ID: 18441517

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sister M Therese Gottschalk

Mailing Address P O Box 4753

City State Zip Code  
Tulsa OK 74159-0753

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

Name of Employer Occupation  
Marian Health System President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

Transaction ID: 18441520

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher Howard

Mailing Address PO Box 205

City State Zip Code  
Oklahoma City OK 73101-0205

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

Name of Employer Occupation  
SSM Health Care of Oklahoma President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

Transaction ID: 18441521

Amount of Each Receipt this Period  
500.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Randall K Segler, , FACHE

Mailing Address P O Box 129

City State Zip Code  
Lawton OK 73502-0129

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

Name of Employer Occupation  
Comanche County Memorial Hospital Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

**Transaction ID:** 18441522

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1501 S. Virginia Ave.

City State Zip Code  
Atoka OK 74525-3298

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

Name of Employer Occupation  
St. John Medical Center President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 23 / 2010

**Transaction ID:** 18441524

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address P O Box 489

City State Zip Code  
Okeene OK 73763-0489

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

Name of Employer Occupation  
Okeene Municipal Hospital Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 23 / 2010

**Transaction ID:** 18441525

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. David R Stire    |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 23 / 2010 |  |  |
|   | Mailing Address 3500 East Frank Phillips Blvd                   |   | <b>Transaction ID:</b> 18441527                     |  |  |
|   | City<br>Bartlesville  | State<br>OK   | Zip Code<br>74006-2411                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |   |   |  |  |
|   | Name of Employer<br>Jane Phillips Medical Center                | Occupation<br>President and Chief Executive Officer |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00                  |   |  |  |

|   |   |                                       |   |  |  |
|---|---|---------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John Chris Lang  |                                       | Date of Receipt<br>MM / DD / YYYY<br>07 / 22 / 2010 |  |  |
|   | Mailing Address 1517 Deer Path                                  |                                       | <b>Transaction ID:</b> 18441543                     |  |  |
|   | City<br>Raymore   | State<br>MO                           | Zip Code<br>64083-8180                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                       |   |  |  |
|   | Name of Employer<br>Cass Regional Medical Center                | Occupation<br>Chief Executive Officer |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00    |   |  |  |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Susan Croushore  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 26 / 2010 |  |  |
|   | Mailing Address 2139 Auburn Avenue                              |   | <b>Transaction ID:</b> 18448429                     |  |  |
|   | City<br>Cincinnati  | State<br>OH   | Zip Code<br>45219-2906                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |   |   |  |  |
|   | Name of Employer<br>Christ Hospital                             | Occupation<br>President and Chief Executive Officer |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00                  |   |  |  |

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Debbie Hayes

Mailing Address 2139 Auburn Avenue

City State Zip Code  
Cincinnati OH 45219-2906

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

Name of Employer Occupation  
Christ Hospital Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 18448431

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall D Oostra, , FACHE

Mailing Address 1801 Richards Road

City State Zip Code  
Toledo OH 43607-1037

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 18448451

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bryan D. Hehemann

Mailing Address 25 Hunter Woods Dr

City State Zip Code  
Oxford OH 45056-9040

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

Name of Employer Occupation  
McCullough-Hyde Memorial Hospital President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 18449493

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 92 / 173                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Mark Laney  |                                     | Date of Receipt   |
|   | Mailing Address 4608 Woodfield Drive                       |                                     | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/> |
|   | City   | State                               | Zip Code  |
|   | Saint Joseph   | MO                                  | 64506-4011  |
|   | FEC ID number of contributing federal political committee. |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Heartland Health  |  | Occupation<br>President and CEO     | <b>Transaction ID:</b> 18450031   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="500.00"/> | <input type="text" value="500.00"/>   |

|   |  |  |   |
|---|--|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph R. Ruggles |  | Date of Receipt   |
|   | Mailing Address 1780 Buck Creek Lane                             |  | <input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
|   | City   | State  | Zip Code  |
|   | Springfield  | OH   | 45502-8800  |
|   | FEC ID number of contributing federal political committee.       |  | <input type="text" value="C"/>  |
| Name of Employer<br>Ohio Hospital Association   |  | Occupation<br>Vice President, Member Development | <b>Transaction ID:</b> 18450456   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                         | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="300.00"/>              | <input type="text" value="50.00"/>  |

|   |  |   |   |
|---|--|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Ellen Zane, , CHE |   | Date of Receipt   |
|   | Mailing Address 800 Washington Street                            |   | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/> |
|   | City   | State   | Zip Code  |
|   | Boston   | MA  | 02111-1552  |
|   | FEC ID number of contributing federal political committee.       |   | <input type="text" value="C"/>  |
| Name of Employer<br>Tufts Medical Center  |  | Occupation<br>President and Chief Executive Officer | <b>Transaction ID:</b> 18450489   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="1000.00"/>                | <input type="text" value="1000.00"/>  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1550.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Deneen Richmond

Mailing Address 3400 Forest Grove Place

City State Zip Code  
Bowie MD 20721-2830

FEC ID number of contributing federal political committee. C

Name of Employer Inova Health System      Occupation AsstVice President, Quality & Care Mgm

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 18474431

Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Stockmeier

Mailing Address 1321 Baffly Loop

City State Zip Code  
Chesapeake VA 23320-9458

FEC ID number of contributing federal political committee. C

Name of Employer Chesapeake Regional Medical Center      Occupation Trustee

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 18474433

Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin J Van Renan

Mailing Address 11502 Clupeper CT

City State Zip Code  
Spotsylvania VA 22551-4671

FEC ID number of contributing federal political committee. C

Name of Employer Mary Washington Hospital      Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 18474435

Amount of Each Receipt this Period 350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Nicholas Carosi, III

Mailing Address 215 N Fairfax Street

City State Zip Code  
Alexandria VA 22314-2636

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

Name of Employer Inova Health System Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** 18474464

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address 6508 Flowerdew Hundred Ct.

City State Zip Code  
Centreville VA 20120-3755

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

Name of Employer Mary Washington Hospital Occupation Vice President, Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** 18474465

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 100 Sentara Circle

City State Zip Code  
Williamsburg VA 23188-5713

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** 18474467

Amount of Each Receipt this Period  
287.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **987.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 173  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 533 Kings Grant Road

City State Zip Code  
Virginia Beach VA 23452-7051

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

Name of Employer Occupation  
Sentara Healthcare Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 18474472

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address 6820 Deerpath Road

City State Zip Code  
Elkridge MD 21075-6200

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

Name of Employer Occupation  
Maryland Hospital Association Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 18474509

Amount of Each Receipt this Period  
204.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Timothy R. Hearn

Mailing Address P.O. Box 44670

City State Zip Code  
Baltimore MD 21236-6670

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

Name of Employer Occupation  
Sheppard and Enoch Pratt Hospital Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 18474515

Amount of Each Receipt this Period  
340.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **894.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 96 / 173                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Denise Matricciani  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2010 |
|           | Mailing Address 4423 Necker Avenue   | <b>Transaction ID:</b> 18474531                     |
|           | City State Zip Code<br>Nottingham MD 21236-2968  | Amount of Each Receipt this Period<br>255.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer<br>Maryland Hospital Association<br>Occupation<br>Vice President, Government Relations<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>255.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms Deb Fischer-Clemens   | Date of Receipt<br>MM / DD / YYYY<br>07 / 26 / 2010 |
|           | Mailing Address 3900 West Avera Drive   | <b>Transaction ID:</b> 18474699                     |
|           | City State Zip Code<br>Sioux Falls SD 57108-5729  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer<br>Avera Health<br>Occupation<br>Vice President, Center for Public Poli<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>425.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Gale N. Walker  | Date of Receipt<br>MM / DD / YYYY<br>07 / 26 / 2010 |
|           | Mailing Address 401 West Glynn Drive   | <b>Transaction ID:</b> 18474713                     |
|           | City State Zip Code<br>Parkston SD 57366-9605  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer<br>Avera St. Benedict Health Center<br>Occupation<br>President and Chief Executive Officer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 755.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. David Link

Mailing Address 2218 East St. Charles Circle

City State Zip Code  
Sioux Falls SD 57103-5818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sanford Health Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** 18474768

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Cindy Morrison

Mailing Address 2009 East Edgewood Road

City State Zip Code  
Sioux Falls SD 57103-4607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sanford Health Senior Vice President for Public Polic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** 18474770

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Becky Nelson

Mailing Address P O Box 5039  
1305 West 18th Street

City State Zip Code  
Sioux Falls SD 57117-5039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sanford University of South Dakota Med President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** 18475523

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City State Zip Code  
Madison MS 39110-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer HPI Company      Occupation President and CEO

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      255.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** 18475594

Amount of Each Receipt this Period  
255.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code  
Jackson MS 39211-2945

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association      Occupation President & Chief Executive Officer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      872.50

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** 18475600

Amount of Each Receipt this Period  
362.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. James G Chastain, FACHE

Mailing Address P O Box 157-A

City State Zip Code  
Whitfield MS 39193-0157

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi State Hospital      Occupation Director

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      265.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** 18475602

Amount of Each Receipt this Period  
265.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **882.50**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles L Denton

Mailing Address 960 Avent Drive

City Grenada State MS Zip Code 38901-5230

FEC ID number of contributing federal political committee. **C**

Name of Employer Grenada Lake Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 07 / 22 / 2010  
**Transaction ID: 18475609**  
Amount of Each Receipt this Period 690.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mike R. Edwards

Mailing Address Post Office Box 259

City Morton State MS Zip Code 39117-0259

FEC ID number of contributing federal political committee. **C**

Name of Employer Scott Regional Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 07 / 22 / 2010  
**Transaction ID: 18475612**  
Amount of Each Receipt this Period 265.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Guy Geller

Mailing Address P O Box 351

City Magnolia State MS Zip Code 39652-0351

FEC ID number of contributing federal political committee. **C**

Name of Employer Beacham Memorial Hospital Occupation Administrator and Chief Executive Offi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 07 / 22 / 2010  
**Transaction ID: 18475620**  
Amount of Each Receipt this Period 215.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1170.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Claude W Harbarger

Mailing Address 969 Lakeland Drive

City State Zip Code  
Jackson MS 39216-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Dominic-Jackson Memorial Hospital  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
447.50

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475625

Amount of Each Receipt this Period  
197.50

**B.**

Full Name (Last, First, Middle Initial)  
Mr. G Douglas Higginbotham

Mailing Address P O Box 607

City State Zip Code  
Laurel MS 39441-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer South Central Regional Medical Center  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475630

Amount of Each Receipt this Period  
925.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Fred B Hood, , FACHE

Mailing Address P O Box 790

City State Zip Code  
Pontotoc MS 38863-0790

FEC ID number of contributing federal political committee. **C**

Name of Employer North Mississippi Medical Center-Ponto  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475633

Amount of Each Receipt this Period  
540.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1662.50**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. L Ray Humphreys

Mailing Address 1400 East Union Street

City State Zip Code  
Greenville MS 38703-3246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Delta Regional Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 397.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2010

Transaction ID: 18475637

Amount of Each Receipt this Period

397.50

**B.**

Full Name (Last, First, Middle Initial)  
Mr. J.W. Jones

Mailing Address 3637 Parkway Blvd.

City State Zip Code  
Meridian MS 39305-3869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anderson Regional Medical Center Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2010

Transaction ID: 18475641

Amount of Each Receipt this Period

215.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur C Kelly

Mailing Address Drawer 1506

City State Zip Code  
Starkville MS 39760-1506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oktibbeha County Hospital Administrator and Chief Executive Offi

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2010

Transaction ID: 18475642

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

842.50

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Randy King

Mailing Address 7601 Southcrest Parkway

City State Zip Code  
Southaven MS 38671-4739

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Memorial Hospital-Desoto  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475645

Amount of Each Receipt this Period  
260.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Hal W Leftwich, , FACHE

Mailing Address P O Box 2790

City State Zip Code  
Bay St Louis MS 39521-2790

FEC ID number of contributing federal political committee. **C**

Name of Employer Hancock Medical Center  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
505.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475649

Amount of Each Receipt this Period  
505.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kurt W Metzner

Mailing Address 1225 North State Street

City State Zip Code  
Jackson MS 39202-2064

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Baptist Health System  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
905.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475656

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **770.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy H Moore

Mailing Address 1314 19th Avenue

City State Zip Code  
Meridian MS 39301-4116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rush Foundation Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 267.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

**Transaction ID:** 18475658

Amount of Each Receipt this Period  
267.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. David G Putt, FACHE

Mailing Address 2500 North State Street

City State Zip Code  
Jackson MS 39216-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Hospitals and Clinics, Univ Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

**Transaction ID:** 18475665

Amount of Each Receipt this Period  
255.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. W Dale Saulters

Mailing Address P O Box 967

City State Zip Code  
Louisville MS 39339-0967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Winston Medical Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

**Transaction ID:** 18475671

Amount of Each Receipt this Period  
217.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **740.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wallace Strickland

Mailing Address 1314 19th Avenue

City State Zip Code  
Meridian MS 39301-4116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rush Foundation Hospital President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475676

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Edward Tucker

Mailing Address P O Box 16389

City State Zip Code  
Hattiesburg MS 39404-6389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Forrest General Hospital Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.50

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475682

Amount of Each Receipt this Period  
390.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald D Wages

Mailing Address 830 S. Gloster Street

City State Zip Code  
Tupelo MS 38801-4996

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Mississippi Health Services, Inc Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18475686

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.50**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
New Hope PA 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer  
New Jersey Hospital Association

Occupation  
Sr. VP., Health Economics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.94

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** 18487629

Amount of Each Receipt this Period  
25.42

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald Rak

Mailing Address 34 Federal City Road

City State Zip Code  
Ewing NJ 08638-1321

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Saint Peter's University Hospital

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** 18487642

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code  
Arlington VA 22205-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2010

**Transaction ID:** 18500520

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **545.42**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Evan Dillard

Mailing Address P O Box 16389

City State Zip Code  
Hattiesburg MS 39404-6389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Forrest General Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 267.50

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 18508075

Amount of Each Receipt this Period  
267.50

**B.**

Full Name (Last, First, Middle Initial)  
Mr Paul Osborne

Mailing Address 316 South Coconut Palm BLVD

City State Zip Code  
Tavernier FL 33070-2251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bon Secours-Richmond Community Hospita Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 18508612

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code  
Alexandria VA 22301-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1034595124015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **677.50**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR1045726224015  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
David Schulke

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation VP Research Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.74

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR1057462124015  
Amount of Each Receipt this Period 176.46  
P/R Deduction (\$58.82 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR1082532724015  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 338.46

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR1113464224015

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mary Meadows

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR1260472924015

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle M. Mathy

Mailing Address 1660 Lanier PL Apt. 309

City Washington State DC Zip Code 20009-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Specialist: AHAPAC and Grassroots Advo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR1300853724015

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Stephen Mayfield   |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
| Mailing Address One North Franklin Street<br>Suite 32139  |                                     | <b>Transaction ID:</b> PR1302378924015              |
| City Chicago  | State IL                            | Zip Code 60606                                      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>120.00        |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Senior Vice President | P/R Deduction (\$40.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00  |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. James Wadzinski  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
| Mailing Address One North Franklin  |   | <b>Transaction ID:</b> PR1347703424015              |
| City Chicago  | State IL                                      | Zip Code 60606-3436                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>60.00         |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Vice President Account Services | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00            |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Jack A. Mackay   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
| Mailing Address One North Franklin  |                                    | <b>Transaction ID:</b> PR1347703624015              |
| City Chicago  | State IL                           | Zip Code 60606-3436                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>60.00         |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Vice President & CIO | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 240.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Susan Gergely

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Director of Operations, AONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1347791024015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Associate Director, Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1384065324015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City State Zip Code  
Palatine IL 60067-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation National Director Sponsorship and Unde

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1475133724015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **162.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Associate Executive Director - ASHHRA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1492459924015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City State Zip Code  
Largo MD 20774-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Political Affairs Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1516850624015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Elisa Arespachaga

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Associate Director, Constituency Secti

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR1555656224015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **144.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 112 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Clinton S. Manning   |   | Date of Receipt   |
|   | Mailing Address 325 Seventh Street, NW<br>Suite 700                 |   | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2010"/> |
|   | City  | State   | Zip Code  |
|   | Washington  | DC  | 20004-2802  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR1555656524015  |
| Name of Employer<br>American Hospital Association-Washingt  |   | Occupation<br>Asst. Director Advocacy & Member Commu            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="42.00"/>  |
|   |   |   | P/R Deduction (\$14.00 Bi-Weekly)   |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Kathy Poole          |   | Date of Receipt   |
|   | Mailing Address One North Franklin                                  |   | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2010"/> |
|   | City  | State   | Zip Code  |
|   | Chicago   | IL  | 60606-3436  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR1589439924015  |
| Name of Employer<br>American Hospital Association-Chicago   |   | Occupation<br>Director, Governance Projects                     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="42.00"/>  |
|   |   |   | P/R Deduction (\$14.00 Bi-Weekly)   |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Kelly Redmond        |   | Date of Receipt   |
|   | Mailing Address 155 North Wacker Drive                              |   | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2010"/> |
|   | City  | State   | Zip Code  |
|   | Chicago   | IL  | 60606-1709  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR1625588824015  |
| Name of Employer<br>American Hospital Association-Chicago   |   | Occupation<br>Director Operations                               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="42.00"/>  |
|   |   |   | P/R Deduction (\$14.00 Bi-Weekly)   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="126.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 545.40

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR1671258624015  
Amount of Each Receipt this Period 136.35  
P/R Deduction (\$45.45 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr Robert P David

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 545.40

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR1677512424015  
Amount of Each Receipt this Period 136.35  
P/R Deduction (\$45.45 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR327629124015  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **392.70**

**TOTAL** This Period (last page this line 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 114 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City State Zip Code  
Rockville MD 20852-3249

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Director, Grassroots Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR327745924015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code  
Park Ridge IL 60068-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR327771624015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Director, Long-Term Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR327777224015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **222.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code  
Oak Park IL 60304-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Vice President, Member Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR32777824015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR327801724015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR327812024015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 116 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Joan H. Lewis  | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 6034 North 22nd Street  | <b>Transaction ID:</b> PR327831724015               |
|           | City State Zip Code<br>Arlington VA 22205-3408  | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Regional Executive<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Robert J. Donovan   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address One North Franklin Street  | <b>Transaction ID:</b> PR327846224015               |
|           | City State Zip Code<br>Chicago IL 60606  | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Vice President, Meetings & Travel Serv<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Ellen A. Pryga   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 2401 Calvert Street, NW<br>Apt. 1008  | <b>Transaction ID:</b> PR327851924015               |
|           | City State Zip Code<br>Washington DC 20008-2614   | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Director, Policy Development<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>180.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Vice President, Political Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR327858024015  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR327877824015  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City Chicago State IL Zip Code 60602-4750

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR327895724015  
 Amount of Each Receipt this Period 135.00  
 P/R Deduction (\$45.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director Policy Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR327906124015  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Judy Williams

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Director Membership

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR327918924015  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR328132824015  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 204.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Sr. Vice President, Member Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR328136924015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Executive Director, SHSMD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR328174924015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City State Zip Code  
Chicago IL 60640-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** PR328223824015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **282.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code  
Eagle ID 83616-5369

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago      Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR328241424015

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code  
Arlington VA 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt      Occupation Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR328260924015

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt      Occupation Director, Political Action & Grassroot

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR328341824015

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 121 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Carolyn Forcina   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 200 Clover Hill Court  | <b>Transaction ID:</b> PR328511824015               |
|           | City State Zip Code<br>Yardley PA 19067-5736   | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | P/R Deduction (\$40.00 Bi-Weekly)                   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Regional Executive<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Alicia N. Mitchell  | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 1501 N. Harrison Street  | <b>Transaction ID:</b> PR328512024015               |
|           | City State Zip Code<br>Arlington VA 22205-2726   | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | P/R Deduction (\$20.00 Bi-Weekly)                   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Senior Vice President, Communications<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. George Arges   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address One North Franklin St.  | <b>Transaction ID:</b> PR328641124015               |
|           | City State Zip Code<br>Chicago IL 60606   | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  | P/R Deduction (\$20.00 Bi-Weekly)                   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Senior Director, Health Data Management<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>240.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 173  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation President & CEO, AHA Solutions, Inc. &

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR328913324015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation SPSA Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR329013424015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Dr. John R. Combes, MD

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation President & Chief Operating Officer, C

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR329071324015

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 173  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR329084424015  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR329215724015  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Evans

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR329342624015  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 222.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City Chicago State IL Zip Code 60626-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR329654224015  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Meersman

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR330343324015  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Misfeldt

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR330411624015  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 162.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR330465224015

Amount of Each Receipt this Period 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City Apple Valley State MN Zip Code 55124-9229

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR330475424015

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City Arlington State VA Zip Code 22205-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2010  
**Transaction ID:** PR330534324015

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 202.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 126 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Gene O'Dell   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address One North Franklin   | <b>Transaction ID:</b> PR330547724015               |
|           | City State Zip Code<br>Chicago IL 60606-3436   | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Vice President, Strategic Planning<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Eileen O'Keefe  | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 172 Atteridge  | <b>Transaction ID:</b> PR330549224015               |
|           | City State Zip Code<br>Lake Forest IL 60045-1715   | Amount of Each Receipt this Period<br>120.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Vice President, Constituency Section<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 | P/R Deduction (\$40.00 Bi-Weekly)                   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Anthony Spohn   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 3219 N. Oriole   | <b>Transaction ID:</b> PR331098324015               |
|           | City State Zip Code<br>Chicago IL 60634-3232   | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Executive Director, Associate Membersh<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 240.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code  
Arlington VA 22205-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Director, State Issues Forum

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR331278824015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Director Advocacy and Public Policy Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR331304224015

Amount of Each Receipt this Period  
159.99

P/R Deduction (\$53.33 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Sr. Director Federal Relations & Polic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR331379124015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **243.99**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR331386924015  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive for TX

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR331416024015  
Amount of Each Receipt this Period 180.00  
P/R Deduction (\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dale Woodin

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2010  
Transaction ID: PR331481324015  
Amount of Each Receipt this Period 42.00  
P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 264.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 173  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Donald May

Mailing Address 521 Great Falls St.

City Falls Church State VA Zip Code 22046-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010

**Transaction ID:** PR331533224015

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Summy

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010

**Transaction ID:** PR346168124015

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President Executive Branch Relati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2010

**Transaction ID:** PR517619724015

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 130 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Megan Cundari  | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 325 Seventh Street, NW<br>Suite 700   | <b>Transaction ID:</b> PR518031924015               |
|           | City Washington State DC Zip Code 20004-2818  | Amount of Each Receipt this Period<br>90.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Senior Associate Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 450.00 | P/R Deduction (\$30.00 Bi-Weekly)                   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Laura M. Werner  | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 325 Seventh Street, NW<br>Suite 700   | <b>Transaction ID:</b> PR560101524015               |
|           | City Washington State DC Zip Code 20004-2818  | Amount of Each Receipt this Period<br>42.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Project Manager<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi-Weekly)                   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Carlos Jackson   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
|           | Mailing Address 325 Seventh Street, NW  | <b>Transaction ID:</b> PR566280924015               |
|           | City Washington State DC Zip Code 20004-2802  | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Associate Director, Federal Relations<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 192.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City State Zip Code  
Alexandria VA 22314-4142

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR766023724015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR801366324015

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2010

**Transaction ID:** PR876637224015

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 162.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 132 / 173 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Sheila R. Meadows  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |   | <b>Transaction ID:</b> PR936292324015               |
| City<br>Washington  | State<br>DC                                 | Zip Code<br>20004-2818                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>42.00         |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Senior Director of Operations | P/R Deduction (\$14.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00          |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. David A. Strickland  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
| Mailing Address One N. Franklin Street  |   | <b>Transaction ID:</b> PR939603924015               |
| City<br>Chicago   | State<br>IL                                     | Zip Code<br>60606                                   |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>42.00         |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Executive Director Quality Center | P/R Deduction (\$14.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00              |   |

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 84.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 106984.07 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 173  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
158500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2010

**Transaction ID:** 18430501

Amount of Each Receipt this Period  
20000.00

**B.** Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2010

**Transaction ID:** 18434942

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** 18440331

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 173  
(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Madison | WI    | 53725-9038 |

FEC ID number of contributing federal political committee. **C** C00359455

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5350.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: 18440332

Amount of Each Receipt this Period  
2550.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2550.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 42550.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 173  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/>            | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input checked="" type="checkbox"/> | 17  |                          |     |                          |     |                          |    |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1571.56

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: 18501023

Amount of Each Receipt this Period  
194.47

Interest Earned

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 194.47 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 194.47 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Scott Brown For U.S. Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02093

Purpose of Disbursement

2012 Contribution

Candidate Name  
Mr. Scott Brown

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District:

Transaction ID: 18448921

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

500.00

2012 Contribution

**B.** Full Name (Last, First, Middle Initial)  
The Madison PAC

Mailing Address 235 State Street  
#206

City Springfield State MA Zip Code 01103

Purpose of Disbursement

2010 Contribution

Candidate Name  
The Madison PAC

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 18448924

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

2010 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Blaine For Congress, Inc.

Mailing Address PO Box 1526

City Columbia State MO Zip Code 65205

Purpose of Disbursement

Contribution

Candidate Name  
Mr. Blaine Luetkemeyer

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 09

Transaction ID: 18448926

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |                          |
|-----------|--|--|--------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>McCaul For Congress, Inc<br><hr/> Mailing Address 815-A Brazos Street<br>Pmb 230<br><hr/> City Austin State TX Zip Code 78701<br><hr/> Purpose of Disbursement Contribution<br>Contribution<br>Candidate Name Rep. Michael T. McCaul<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 10<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18448970<br>Date of Disbursement<br>07 / 06 / 2010<br><hr/> Amount of Each Disbursement this Period<br>1000.00<br><hr/> Contribution | 011<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Donald A. Manzullo For Congress<br><hr/> Mailing Address PO Box 7783<br><hr/> City Rockford State IL Zip Code 61126<br><hr/> Purpose of Disbursement Contribution<br>Contribution<br>Candidate Name Rep. Donald A. Manzullo<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 16<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: 18448978<br>Date of Disbursement<br>07 / 06 / 2010<br><hr/> Amount of Each Disbursement this Period<br>1000.00<br><hr/> Contribution | 011<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Wyden For Senate<br><hr/> Mailing Address 232 Ne 9th Avenue<br><hr/> City Portland State OR Zip Code 97232<br><hr/> Purpose of Disbursement Contribution<br>Contribution<br>Candidate Name Sen. Ron Wyden<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OR District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                               | Transaction ID: 18448980<br>Date of Disbursement<br>07 / 06 / 2010<br><hr/> Amount of Each Disbursement this Period<br>4000.00<br><hr/> Contribution | 011<br>Category/<br>Type |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>LoBiondo For Congress   | Transaction ID: 18448981<br>Date of Disbursement<br>07 / 06 / 2010 |
|    | Mailing Address P.O. Box 550   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Vineland State NJ Zip Code 08362  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Frank A. LoBiondo<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 02 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Upton For All Of Us   | Transaction ID: 18448987<br>Date of Disbursement<br>07 / 06 / 2010 |
|    | Mailing Address P.O. Box 490   | Amount of Each Disbursement this Period<br>1500.00                 |
|    | City St. Joseph State MI Zip Code 49085  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Frederick Stephen Upton<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 06 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Schauer For Congress  | Transaction ID: 18448994<br>Date of Disbursement<br>07 / 06 / 2010 |
|    | Mailing Address PO Box 100   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Battle Creek State MI Zip Code 49016  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Mark Hamilton Schauer<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 07 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Tim Walz For U.S. Congress</p> <p>Mailing Address PO Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Timothy J. Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MN District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 18448998</p> <p>Date of Disbursement<br/>07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Betty S. Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 13</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18448999</p> <p>Date of Disbursement<br/>07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Valley PAC</p> <p>Mailing Address PO Box 529</p> <p>City Washington State DC Zip Code 20044</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Valley PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 18449001</p> <p>Date of Disbursement<br/>07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>2010 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: SD District: 01</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18449002</p> <p>Date of Disbursement<br/>07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MA District: 08</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 18449042</p> <p>Date of Disbursement<br/>07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 18</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 18449059</p> <p>Date of Disbursement<br/>07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Mike Lee Inc</p> <p>Mailing Address 190 West 800 North Ste 100</p> <p>City Provo State UT Zip Code 84601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Mike Lee</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: UT District:</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 18449066<br/><b>Date of Disbursement</b><br/>07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TENN PAC</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name TENN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                 | <p><b>Transaction ID:</b> 18449067<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>2010 Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Lone Star Leadership PAC</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Lone Star Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18449068<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>2010 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ERIC PAC-Every Republican is Crucial PAC</p> <p>Mailing Address 209 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>ERIC PAC-Every Republican is Crucial PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 18449069<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>2010 Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Davis For Congress/Friends Of Davis</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. Danny K. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 07</p>         | <p><b>Transaction ID:</b> 18449070<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3000.00</p> <p>Contribution</p>      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bill Shuster For Congress</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name<br/>Rep. William Franklin Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 09</p>             | <p><b>Transaction ID:</b> 18449071<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 143 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Jane Harman</p> <p>Mailing Address PO Box 96</p> <p>City Torrance State CA Zip Code 90507</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jane Harman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 36</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> 18449072<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Russell D. Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 18449073<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: ID District: 02</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18449074<br/><b>Date of Disbursement</b><br/>07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period<br/>250.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3250.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>McDowell For Congress Committee<br><hr/> Mailing Address 10820 Glen Street<br><hr/> City Ruyard State MI Zip Code 49780<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Mr. Gary McDowell<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MI District: 01<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18449081<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2010 |
|  | Amount of Each Disbursement this Period<br>5000.00  |
|  | Contribution  |
|  | Category/<br>Type<br>011  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>National Leadership PAC<br><hr/> Mailing Address 635 B Pennsylvania Ave.<br><hr/> City Washington State DC Zip Code 20005<br><hr/> Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>National Leadership PAC<br><hr/> Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | Transaction ID: 18449087<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00  |
|  | 2010 Contribution   |
|  | Category/<br>Type<br>011  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Tuesday Group PAC<br><hr/> Mailing Address PO Box 40385<br><hr/> City Washington State DC Zip Code 20016<br><hr/> Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Tuesday Group PAC<br><hr/> Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 18449088<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 19 / 2010 |
|  | Amount of Each Disbursement this Period<br>1500.00  |
|  | 2010 Contribution   |
|  | Category/<br>Type<br>011  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7500.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ted Deutch For Congress Committee

Mailing Address 20423 Sr 7 Suite F6-383

City Boca Raton State FL Zip Code 33498

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Theodore Deutch

Office Sought:  House  
 Senate  
 President

State: FL District: 19

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18449089  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Kirsten E. Gillibrand

Office Sought:  House  
 Senate  
 President

State: NY District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18449091  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Bill Owens For Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bill Owens

Office Sought:  House  
 Senate  
 President

State: NY District: 23

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18449093  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Bill Owens For Congress</p> <p>Mailing Address PO Box 1575</p> <p>City Plattsburgh State NY Zip Code 12901</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bill Owens</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 23</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                      | <p><b>Transaction ID:</b> 18449095<br/><b>Date of Disbursement:</b> 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>Contribution</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 01</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                  | <p><b>Transaction ID:</b> 18449096<br/><b>Date of Disbursement:</b> 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Committee To Elect Gary L. Ackerman, Inc.</p> <p>Mailing Address 100 Jericho Quadrangle # 233</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Gary L. Ackerman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 05</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18449097<br/><b>Date of Disbursement:</b> 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Carolyn McCarthy<br>Mailing Address 151 Linden Road<br>City Mineola State NY Zip Code 11501<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Carolyn McCarthy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 04<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 18449098<br>Date of Disbursement<br>07 / 19 / 2010 |
|  | Amount of Each Disbursement this Period<br>2000.00                 |
|  | Contribution   |
|  | Category/Type<br>011   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Pete King For Congress Committee<br>Mailing Address Post Office Box 1428<br>City Seaford State NY Zip Code 11783<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Peter T. King<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 03<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18449099<br>Date of Disbursement<br>07 / 19 / 2010 |
|  | Amount of Each Disbursement this Period<br>2000.00                 |
|  | Contribution   |
|  | Category/Type<br>011   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Crowley For Congress<br>Mailing Address 84-56 Grand Avenue<br>City Elmhurst State NY Zip Code 11373<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Joseph Crowley<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 07<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: 18449100<br>Date of Disbursement<br>07 / 19 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00                 |
|  | Contribution   |
|  | Category/Type<br>011   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |              |
|-----------|--|--|--------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Maloney For Congress<br><hr/> Mailing Address 49 East 92nd Street<br><hr/> City New York State NY Zip Code 10128<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Carolyn B. Maloney<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 14<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: 18449101<br>Date of Disbursement<br>07 / 19 / 2010 |              |
|           |  | Amount of Each Disbursement this Period<br>2000.00                 | Contribution |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Meeks For Congress<br><hr/> Mailing Address 153-01 Jamaica Avenue Suite 535<br><hr/> City Jamaica State NY Zip Code 11432<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Gregory W. Meeks<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 06<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 18449102<br>Date of Disbursement<br>07 / 19 / 2010 |              |
|           |  | Amount of Each Disbursement this Period<br>1000.00                 | Contribution |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of Weiner<br><hr/> Mailing Address 1 Ascan Avenue #31 Suite 31<br><hr/> City Forest Hills State NY Zip Code 11375<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Anthony D. Weiner<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 09<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18449103<br>Date of Disbursement<br>07 / 19 / 2010 |              |
|           |  | Amount of Each Disbursement this Period<br>1000.00                 | Contribution |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Nydia M. Velazquez

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 12

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18449104  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Chad Causey For Congress

Mailing Address PO Box 16966

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Chad Causey

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AR District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18449105  
Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
ERIC PAC-Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2010 Contribution

Candidate Name  
ERIC PAC-Every Republican is Crucial PAC

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18449351  
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |  |   |
|----|---|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>The Freedom Project<br><br>Mailing Address 111 C Street SE<br>Lower Unit<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement 2010 Contribution<br>Candidate Name The Freedom Project<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                   | Transaction ID: 18449356<br>Date of Disbursement<br>07 / 22 / 2010 | Amount of Each Disbursement this Period<br>5000.00<br><br>2010 Contribution |
| B. | Full Name (Last, First, Middle Initial)<br>Lone Star Leadership PAC<br><br>Mailing Address 7315 Wisconsin Avenue<br>Suite 310 East<br><br>City Bethesda State MD Zip Code 20814<br><br>Purpose of Disbursement 2010 Contribution<br>Candidate Name Lone Star Leadership PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 18449431<br>Date of Disbursement<br>07 / 22 / 2010 | Amount of Each Disbursement this Period<br>3500.00<br><br>2010 Contribution |
| C. | Full Name (Last, First, Middle Initial)<br>21st Century PAC<br><br>Mailing Address 1155 21st Street NW<br><br>City Washington State DC Zip Code 20036<br><br>Purpose of Disbursement 2010 Contribution<br>Candidate Name 21st Century PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                                   | Transaction ID: 18449432<br>Date of Disbursement<br>07 / 22 / 2010 | Amount of Each Disbursement this Period<br>5000.00<br><br>2010 Contribution |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>13500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box]     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 151 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>ROSKAM PAC-Republican Operation to Secure and Keep a Majority<br>Mailing Address PO Box 1011<br>City Wheaton State IL Zip Code 60187<br>Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>ROSKAM PAC-Republican Operation to Secure and Keep a Majority<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:        | Transaction ID: 18449433<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>5000.00                 |
|  | 2010 Contribution  |
|  | Category/Type<br>011   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>TRUST PAC (Team Republicans for Utilizing Sensible Tactics)<br>Mailing Address Post Office Box 490<br>City St. Joseph State MI Zip Code 49085<br>Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>TRUST PAC (Team Republicans for Utilizing Sensible Tactics)<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 18449452<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>3000.00                 |
|  | 2010 Contribution  |
|  | Category/Type<br>011   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Pioneer PAC<br>Mailing Address 499 South Capitol Street, SW Suite 408<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Pioneer PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: 18449501<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>3000.00                 |
|  | 2010 Contribution  |
|  | Category/Type<br>011   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>11000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Longhorn PAC</p> <p>Mailing Address 228 S. Washington St.<br/>Suite B-20</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>Longhorn PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 18449504</p> <p>Date of Disbursement<br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>4000.00</p> <p>2010 Contribution</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAMPAC: Continuing a Majority Party Action Cmte</p> <p>Mailing Address 5915 Eastman Avenue<br/>Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>CAMPAC: Continuing a Majority Party Action Cmte</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18449506</p> <p>Date of Disbursement<br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>2010 Contribution</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Majority Committee PAC</p> <p>Mailing Address PO Box 10134</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>Majority Committee PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 18449513</p> <p>Date of Disbursement<br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>4000.00</p> <p>2010 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13000.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
New PAC

Transaction ID: 18449516  
Date of Disbursement

Mailing Address P.O. Box 7480

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

City Visalia State CA Zip Code 93290

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
2010 Contribution

011  
Category/  
Type

Candidate Name  
New PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

2010 Contribution

State: District:

B.

Full Name (Last, First, Middle Initial)  
New Pioneers PAC

Transaction ID: 18450087  
Date of Disbursement

Mailing Address 228 S. Washington St.  
Suite 115

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
2010 Contribution

011  
Category/  
Type

Candidate Name  
New Pioneers PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

2010 Contribution

State: District:

C.

Full Name (Last, First, Middle Initial)  
Prosperity PAC

Transaction ID: 18450090  
Date of Disbursement

Mailing Address 7804 Evening Lane

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

City Alexandria State VA Zip Code 22307

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement  
2010 Contribution

011  
Category/  
Type

Candidate Name  
Prosperity PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

2010 Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|          |
|----------|
| 13000.00 |
|----------|

TOTAL This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Charlie Dent For Congress<br><hr/> Mailing Address PO Box 442<br><hr/> City Allentown State PA Zip Code 18105<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Charles W. Dent<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 15<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | <b>Transaction ID:</b> 18450099<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0 | Amount of Each Disbursement this Period<br>3500.00<br><hr/> Contribution |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Jim Gerlach For Congress Committee<br><hr/> Mailing Address PO Box 87<br><hr/> City Uwchland State PA Zip Code 19480<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. James W. Gerlach<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 06<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 18450106<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0 | Amount of Each Disbursement this Period<br>5000.00<br><hr/> Contribution |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Lee Terry For Congress<br><hr/> Mailing Address PO Box 540098<br><hr/> City Omaha State NE Zip Code 68154<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Lee Terry<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NE District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | <b>Transaction ID:</b> 18450107<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0 | Amount of Each Disbursement this Period<br>3000.00<br><hr/> Contribution |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road<br/>Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 12</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18450108<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>4000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Judy Biggert For Congress</p> <p>Mailing Address P.O. Box 637</p> <p>City Hinsdale State IL Zip Code 60522</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Rep. Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 13</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                              | <p><b>Transaction ID:</b> 18450111<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Fleming For Congress</p> <p>Mailing Address P.O. Box 1236</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Rep. John C. Fleming, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: LA District: 04</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                             | <p><b>Transaction ID:</b> 18450113<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>4000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Heller For Congress  | Transaction ID: 18450115<br>Date of Disbursement<br>07 / 22 / 2010   |
|    | Mailing Address PO Box 531086   | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Henderson State NV Zip Code 89053  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Dean Heller   | 011<br>Category/<br>Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: 02 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | Contribution   |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Chris Lee For Congress   | Transaction ID: 18450118<br>Date of Disbursement<br>07 / 22 / 2010   |
|    | Mailing Address PO Box 15395  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Rochester State NY Zip Code 14615  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Christopher John Lee  | 011<br>Category/<br>Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 26 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | Contribution   |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Chris Lee For Congress   | Transaction ID: 18450119<br>Date of Disbursement<br>07 / 22 / 2010   |
|    | Mailing Address PO Box 15395  | Amount of Each Disbursement this Period<br>2000.00   |
|    | City Rochester State NY Zip Code 14615  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Christopher John Lee  | 011<br>Category/<br>Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 26 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 8000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Blaine For Congress, Inc.   | Transaction ID: 18450121<br>Date of Disbursement<br>07 / 22 / 2010 |
|    | Mailing Address PO Box 1526  | Amount of Each Disbursement this Period<br>1500.00                 |
|    | City Columbia State MO Zip Code 65205  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Mr. Blaine Luetkemeyer<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 09 | 011<br>Category/Type   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Friends Of Erik Paulsen   | Transaction ID: 18450122<br>Date of Disbursement<br>07 / 22 / 2010 |
|    | Mailing Address P.O. Box 44369<br>250 Prairie Center Drive   | Amount of Each Disbursement this Period<br>3000.00                 |
|    | City Eden Prairie State MN Zip Code 55344  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Erik P. Paulsen<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 03 | 011<br>Category/Type   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Friends Of Bill Posey  | Transaction ID: 18450124<br>Date of Disbursement<br>07 / 22 / 2010 |
|    | Mailing Address P. O. Box 360877  | Amount of Each Disbursement this Period<br>1500.00                 |
|    | City Melbourne State FL Zip Code 32936  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Bill Posey<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 15 | 011<br>Category/Type   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 158 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mike Rogers For Congress</p> <p>Mailing Address 123 East 13th Street</p> <p>City Anniston State AL Zip Code 36201</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael D. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AL District: 03</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> 18450126<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Tom Rooney For Congress</p> <p>Mailing Address 2336 S. East Ocean Blvd. #313</p> <p>City Stuart State FL Zip Code 34996</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Thomas J. Rooney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: FL District: 16</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 18450129<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 20</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18450130<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Welch For Congress</p> <p>Mailing Address PO Box 1682</p> <p>City Burlington State VT Zip Code 05402</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Rep. Peter Welch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: VT District: 01</p>           | <p><b>Transaction ID:</b> 18450133<br/><b>Date of Disbursement:</b> 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Jim Marshall</p> <p>Mailing Address 586 Orange Street</p> <p>City Macon State GA Zip Code 31201</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Rep. Jim Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: GA District: 08</p>    | <p><b>Transaction ID:</b> 18450136<br/><b>Date of Disbursement:</b> 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Jim Clyburn</p> <p>Mailing Address P.O. Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: SC District: 06</p> | <p><b>Transaction ID:</b> 18450139<br/><b>Date of Disbursement:</b> 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 160 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Boucher For Congress Committee   | Transaction ID: 18450141<br>Date of Disbursement  |
|    | Mailing Address P.O. Box 2000   | <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> |
|    | City Abingdon State VA Zip Code 24212   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution  | <input type="text" value="2000.00"/>  |
|    | Candidate Name Rep. Rick Boucher  | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 09 | Contribution  |
|    | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |   |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>Giffords For Congress  | Transaction ID: 18450143<br>Date of Disbursement  |
|    | Mailing Address PO Box 12886  | <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> |
|    | City Tucson State AZ Zip Code 85732   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>  |
|    | Candidate Name Rep. Gabrielle Giffords  | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 08 | Contribution  |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Spratt For Congress Committee  | Transaction ID: 18450144<br>Date of Disbursement  |
|    | Mailing Address PO Box 830  | <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> |
|    | City York State SC Zip Code 29745   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1500.00"/>  |
|    | Candidate Name Rep. John McKee Spratt, Jr.  | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 05 | Contribution  |
|    | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> 18450146</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Committee To Re-Elect Loretta Sanchez</p> <p>Mailing Address 1212 S. Victory Blvd. Suite 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Loretta Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18450149</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p>Contribution</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 18450150</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="2200.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Sander M. Levin

Office Sought:  House  
 Senate  
 President

State: MI District: 12

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18450151  
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1500.00

011  
Category/  
Type

Contribution

B.

Full Name (Last, First, Middle Initial)  
Leadership for Today and Tomorrow

Mailing Address 607 - 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005-

Purpose of Disbursement  
2010 Contribution

Candidate Name  
Leadership for Today and Tomorrow

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18450152  
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

2010 Contribution

C.

Full Name (Last, First, Middle Initial)  
Leadership For American Opportunity

Mailing Address 499 South Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2010 Contribution

Candidate Name  
Leadership For American Opportunity

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18450154  
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Republican Majority Fund<br><hr/> Mailing Address P.O. Box 1550<br><hr/> City Ponca City State OK Zip Code 74602<br><hr/> Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Republican Majority Fund<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                            | Transaction ID: 18450155<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00                 |
|  | 2010 Contribution  |
|  | Category/<br>Type<br>011   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Advance Arkansas PAC<br><hr/> Mailing Address PO Box 344<br><hr/> City Prescott State AR Zip Code 71857<br><hr/> Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Advance Arkansas PAC<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 18450156<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>2500.00                 |
|  | 2010 Contribution  |
|  | Category/<br>Type<br>011   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Lisa Murkowski For U.S. Senate<br><hr/> Mailing Address PO Box 100847<br><hr/> City Anchorage State AK Zip Code 99510<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Ms. Lisa Murkowski<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AK District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18450157<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00                 |
|  | Contribution   |
|  | Category/<br>Type<br>011   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Treasure State PAC</p> <p>Mailing Address PO Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>Treasure State PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 18450292</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> <p>2010 Contribution</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>National Leadership PAC</p> <p>Mailing Address 635 B Pennsylvania Ave.</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>National Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 18450323</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>2010 Contribution</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMERIPAC: The Fund for a Greater America</p> <p>Mailing Address 607 Fourteenth Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>AMERIPAC: The Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18450327</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> <p>2010 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Earl Pomeroy For Congress<br><hr/> Mailing Address Post Office Box 9336<br><hr/> City Fargo State ND Zip Code 58106<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Earl Pomeroy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 18450331<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>2500.00<br>Contribution                             |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Jeff Miller For Congress<br><hr/> Mailing Address P. O. Box 126<br><hr/> City Pensacola State FL Zip Code 32591<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Jeff B. Miller<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Transaction ID: 18450332<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Contribution                             |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Kilpatrick For United States Congress<br><hr/> Mailing Address PO Box 32175<br><hr/> City Detroit State MI Zip Code 48232<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Carolyn Cheeks Kilpatrick<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 13<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18450333<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Contribution                             |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of Bennie Thompson<br><hr/> Mailing Address P.O. Box 100<br><hr/> City Bolton State MS Zip Code 39041<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Bennie G. Thompson<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MS District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> 18450334<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 | Amount of Each Disbursement this Period<br>1500.00 |
|           |  | Contribution   |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Peters For Congress<br><hr/> Mailing Address PO Box 226<br><hr/> City Bloomfield Hills State MI Zip Code 48303<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Gary C. Peters<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | <b>Transaction ID:</b> 18450335<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 | Amount of Each Disbursement this Period<br>1000.00 |
|           |  | Contribution   |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Committee To Elect Chris Murphy<br><hr/> Mailing Address P.O. Box 127<br><hr/> City Cheshire State CT Zip Code 06410<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Christopher Scott Murphy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 05<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 18450336<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 | Amount of Each Disbursement this Period<br>2500.00 |
|           |  | Contribution   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Re-Elect McGovern Committee</p> <p>Mailing Address PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James P. McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MA District: 03</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 18450337</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Doggett For U.S. Congress</p> <p>Mailing Address PO Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lloyd Doggett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 25</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 18450339</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Rand Paul For U.S. Senate</p> <p>Mailing Address 1332 Andrea St</p> <p>City Bowling Green State KY Zip Code 42103</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Rand Paul</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: KY District:</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 18450340</p> <p>Date of Disbursement<br/>07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Arcuri For Congress<br>Mailing Address P.O. Box 8508<br>City Utica State NY Zip Code 13505<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Michael A. Arcuri<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18450342<br>Date of Disbursement<br>07 / 27 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00<br>Contribution |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Dave Camp For Congress 2010<br>Mailing Address 5915 Eastman Avenue Suite 100<br>City Midland State MI Zip Code 48640<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. David Lee Camp<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 04<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18450383<br>Date of Disbursement<br>07 / 22 / 2010 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Contribution |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Dan Maffei<br>Mailing Address PO Box 74<br>City Syracuse State NY Zip Code 13214<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Daniel B. Maffei<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 25<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 18450384<br>Date of Disbursement<br>07 / 22 / 2010 |
|  | Amount of Each Disbursement this Period<br>2000.00<br>Contribution |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Roskam For Congress Committee<br><hr/> Mailing Address P. O. Box 713<br><hr/> City Wheaton State IL Zip Code 60187<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Peter Roskam<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: IL District: 06           | Transaction ID: 18450385<br>Date of Disbursement<br>07 / 22 / 2010 |
|   | Amount of Each Disbursement this Period<br>1000.00                 |
|   | Contribution   |
|   | Category/Type<br>011   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Becerra For Congress<br><hr/> Mailing Address P.O. Box 261060<br><hr/> City Los Angeles State CA Zip Code 90026<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Xavier Becerra<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: CA District: 31            | Transaction ID: 18485921<br>Date of Disbursement<br>07 / 30 / 2010 |
|   | Amount of Each Disbursement this Period<br>2000.00                 |
|   | Contribution   |
|   | Category/Type<br>011   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mike Thompson For Congress<br><hr/> Mailing Address 5429 Madison Avenue<br><hr/> City Sacramento State CA Zip Code 95841<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Michael Thompson<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: CA District: 01 | Transaction ID: 18485922<br>Date of Disbursement<br>07 / 30 / 2010 |
|   | Amount of Each Disbursement this Period<br>1000.00                 |
|   | Contribution   |
|   | Category/Type<br>011   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 170 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |                   |
|-----------|--|--|-------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Jesse Jackson Jr For Congress<br><br>Mailing Address P.O. Box 490286<br><br>City Chicago State IL Zip Code 60649<br><br>Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Rep. Jesse L. Jackson, Jr.<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Transaction ID:</b> 18485923<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 3 0 / 2 0 1 0 |                   |
|           |  | Amount of Each Disbursement this Period<br>1000.00   | Contribution      |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Jobs, Opportunity & Education, PAC (JOEPAC)<br><br>Mailing Address 84-54 Grand Avenue<br><br>City Elmhurst State NY Zip Code 11373<br><br>Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Jobs, Opportunity & Education, PAC (JOEPAC)<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 18508210<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 4 / 2 0 1 0 |                   |
|           |  | Amount of Each Disbursement this Period<br>1000.00   | 2010 Contribution |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Rush Holt For Congress<br><br>Mailing Address PO Box 782<br><br>City Pennington State NJ Zip Code 08534<br><br>Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Rep. Rush D. Holt<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 12<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | <b>Transaction ID:</b> 18508212<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0 |                   |
|           |  | Amount of Each Disbursement this Period<br>1000.00   | Contribution      |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 173

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
John D. Dingell For Congress

Transaction ID: 18508659

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Mailing Address 607 14th Street, Nw  
Suite 800

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Rep. John D. Dingell

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Contribution

State: MI District: 15

B.

Full Name (Last, First, Middle Initial)  
Sheriff PAC

Transaction ID: 18508668

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 1 | 0 |

Mailing Address 1115 Massachusetts Avenue NW  
Lower Level

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2010 Contribution

011  
Category/  
Type

Candidate Name  
Sheriff PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

2010 Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 9000.00 |
|---------|

TOTAL This Period (last page this line number only) .....

|           |
|-----------|
| 220450.00 |
|-----------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 18501011  
Date of Disbursement 07 / 01 / 2010

Amount of Each Disbursement this Period 4.95

001 Category/Type

Merchant Fees

**B.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 18501012  
Date of Disbursement 07 / 06 / 2010

Amount of Each Disbursement this Period 87.75

001 Category/Type

Merchant Fees

**C.** Full Name (Last, First, Middle Initial)  
Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 18501013  
Date of Disbursement 07 / 06 / 2010

Amount of Each Disbursement this Period 128.47

001 Category/Type

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 221.17

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 173 / 173

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Paymentech  | Transaction ID: 18501021<br>Date of Disbursement<br>07 / 06 / 2010 |
|    | Mailing Address 14221 Dallas Parkway Building Two  | Amount of Each Disbursement this Period<br>80.23                   |
|    | City Dallas State TX Zip Code 75254  | Merchant Fees  |
|    | Purpose of Disbursement Merchant Fees<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Bank Fee   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Citibank, F.S.B.  | Transaction ID: 18501022<br>Date of Disbursement<br>07 / 20 / 2010 |
|    | Mailing Address 1400 G Street, NW  | Amount of Each Disbursement this Period<br>58.47                   |
|    | City Washington State DC Zip Code 20005  | Bank Fee   |
|    | Purpose of Disbursement Bank Fee<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Bank Fee   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>138.70</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>359.87</b> |