

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="3059823.23"/>	<input type="text" value="3059823.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1779874.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="192649.90"/>	<input type="text" value="1897228.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1972523.90"/>	<input type="text" value="4957051.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76184.02"/>	<input type="text" value="3060711.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1896339.88"/>	<input type="text" value="1896339.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Hospital Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	139821.49	865608.32
(ii) Unitemized	49978.77	349745.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	189800.26	1215354.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	675.00	10675.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	190475.26	1226029.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	659285.00
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	134.15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	174.64	2779.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	192649.90	1897228.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	192649.90	1897228.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	184.02	11983.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	184.02	11983.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	76000.00	1136050.00
24. Independent Expenditures (use Schedule E)	0.00	1912678.12
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76184.02	3060711.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76184.02	3060711.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	190475.26	1226029.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	190475.26	1226029.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	184.02	11983.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	134.15
38. Net Operating Expenditures (subtract Line 37 from Line 36)	184.02	11849.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 171
	<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. Mr. Lee Boyles
Full Name (Last, First, Middle Initial)

Mailing Address 1200 North Seventh Street

City Oakes	State ND	Zip Code 58474-2502
---------------	-------------	------------------------

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

Name of Employer Oakes Community Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : 20476596

Amount of Each Receipt this Period

350.00

B. Mr. Arthur A Ushijima
Full Name (Last, First, Middle Initial)

Mailing Address 1099 Alakea Street, Suite 1100

City Honolulu	State HI	Zip Code 96813-4512
------------------	-------------	------------------------

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

Name of Employer Queen's Health Systems	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : 20476597

Amount of Each Receipt this Period

1000.00

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

Mailing Address P O Box 2071

City Phoenix	State AZ	Zip Code 85001-2071
-----------------	-------------	------------------------

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

Name of Employer St. Joseph's Hospital and Medical Cent	Occupation Vice President External Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : 20476598

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Steven H Lipstein		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 Transaction ID : 20476599
Mailing Address 10 Carrswold Drive		Amount of Each Receipt this Period 1000.00
City Clayton	State MO	
	Zip Code 63105-2914	
FEC ID number of contributing federal political committee. C		
Name of Employer BJC HealthCare	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Stephen M. Ahnen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 Transaction ID : 20476605
Mailing Address 125 Airport Road		Amount of Each Receipt this Period 45.45
City Concord	State NH	
	Zip Code 03301-7300	
FEC ID number of contributing federal political committee. C		
Name of Employer New Hampshire Hospital Association	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 954.45	

Full Name (Last, First, Middle Initial) C. Ms. Paula Minnehan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 Transaction ID : 20476606
Mailing Address 283 Gallopiny Hill Road		Amount of Each Receipt this Period 16.00
City Hopkinton	State NH	
	Zip Code 03229-3402	
FEC ID number of contributing federal political committee. C		
Name of Employer New Hampshire Hospital Association	Occupation V.P., Finance and Rural Hospitals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	1061.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Leslie K. Melby

Mailing Address 375 Farrington Colner Road

City State Zip Code
Hopkinton NH 03229-2021

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

Name of Employer Occupation
New Hampshire Hospital Association Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 22 / 2012
Transaction ID : 20476607

Amount of Each Receipt this Period
16.00

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

Mailing Address 1213 W. Cottage Loop

City State Zip Code
Gardnerville NV 89460-4400

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

Name of Employer Occupation
Carson Valley Medical Center 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
10 / 26 / 2012
Transaction ID : 20476608

Amount of Each Receipt this Period
500.00

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

Mailing Address 640 South State Street

City State Zip Code
Dover DE 19901-3597

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 26 / 2012
Transaction ID : 20476609

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	766.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Bob F Bigley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 Transaction ID : 20476622
Mailing Address 1499 Fair Road		Amount of Each Receipt this Period 375.00
City Statesboro	State GA	Zip Code 30458-1683
FEC ID number of contributing federal political committee. C		
Name of Employer East Georgia Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Mr. Gerald N Fulks		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 Transaction ID : 20476625
Mailing Address 1022 Peninsula Drive		Amount of Each Receipt this Period 125.00
City Lagrange	State GA	Zip Code 30240-1028
FEC ID number of contributing federal political committee. C		
Name of Employer West Georgia Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Mr. Ethan James		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 Transaction ID : 20476626
Mailing Address 1838 Ravenwood Way		Amount of Each Receipt this Period 155.00
City Atlanta	State GA	Zip Code 30329-2723
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Hospital Association	Occupation Director of Grassroots and Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.00	

SUBTOTAL of Receipts This Page (optional).....▶	655.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Carl Bahnlein

Mailing Address 1701 North George Mason Drive

City State Zip Code
Arlington VA 22205-3698

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2012
Transaction ID : 20476650

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Donald L. Harris

Mailing Address 5976 Burnside Landing Drive

City State Zip Code
Burke VA 22015-2522

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

Name of Employer Occupation
Inova Health System Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2012
Transaction ID : 20476651

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Ms. Nicole Paulk

Mailing Address 3701 Chanel Rd

City State Zip Code
Annandale VA 22003-2024

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

Name of Employer Occupation
Inova Health System Assistant Vice President Strategic Pla

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2012
Transaction ID : 20476652

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 43101 Finders Lane

City State Zip Code
South Riding VA 20152-3444

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

Name of Employer Occupation
Inova Health System Senior Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : 20476653

Amount of Each Receipt this Period
350.00

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

Mailing Address 11418 Newport Bay Drive

City State Zip Code
Berlin MD 21811-9642

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : 20476718

Amount of Each Receipt this Period
289.00

Full Name (Last, First, Middle Initial)
C. Ms. Denise Matricciani

Mailing Address 4423 Necker Avenue

City State Zip Code
Nottingham MD 21236-2968

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

Name of Employer Occupation
Maryland Hospital Association Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : 20476720

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 894.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John R. Denbo
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Cambridge Drive
 City Rolla State MO Zip Code 65401-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phelps County Regional Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20476724
 Amount of Each Receipt this Period
 250.00

B. Ms. Carrie D. Byers
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 East Lincoln Circle
 City Kennett State MO Zip Code 63857-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pemiscot Memorial Health System Occupation Director, Fiscal Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20476733
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20476736
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jack Pennington
Full Name (Last, First, Middle Initial)

Mailing Address 3001 Playgroud Road

City Caruthersville State MO Zip Code 63830-8163

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

Name of Employer Pemiscot Memorial Health System Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 26 / 2012
Transaction ID : 20476737

Amount of Each Receipt this Period
250.00

B. Dr. Bruce M Gans MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Amherst Road

City Chatham State NJ Zip Code 07928-1802

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

Name of Employer Kessler Institute for Rehabilitation Occupation Executive Vice President and Chief Med

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
10 / 19 / 2012
Transaction ID : 20476991

Amount of Each Receipt this Period
750.00

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

Mailing Address 6 Ridge Road

City Norwood State NJ Zip Code 07648-2416

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

Name of Employer Holy Name Medical Center Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
10 / 19 / 2012
Transaction ID : 20476992

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 14 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 19 Fountain Court

City State Zip Code
Cherry Hill NJ 08034-1149

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

Name of Employer Occupation
Virtua Health Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 / /
Transaction ID : 20476993

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
B. Ms. Hoda Blau

Mailing Address 401 Long Hill Drive

City State Zip Code
Short Hills NJ 07078-1205

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

Name of Employer Occupation
Barnabas Health Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 / /
Transaction ID : 20476994

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Frank Gelormini

Mailing Address 1233 Fox Hollow Drive

City State Zip Code
Toms River NJ 08755-2181

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

Name of Employer Occupation
Barnabas Health Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 / /
Transaction ID : 20476995

Amount of Each Receipt this Period
262.50

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Belinda Brown Cooper		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : 20476997
Mailing Address 121 Clear Creek Road		Amount of Each Receipt this Period 180.00
City Langhorne	State PA	Zip Code 19047-2306
FEC ID number of contributing federal political committee.	C	
Name of Employer New Jersey Hospital Association	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.50	

Full Name (Last, First, Middle Initial) B. Mr. Leslie D Hirsch FACHE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : 20477000
Mailing Address 28 MacKenzie Lane North		Amount of Each Receipt this Period 150.00
City Denville	State NJ	Zip Code 07834-2954
FEC ID number of contributing federal political committee.	C	
Name of Employer Saint Clare's Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1057.53	

Full Name (Last, First, Middle Initial) C. Ms. Theresa L. Edelstein		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : 20477011
Mailing Address 27 Harvest Lane		Amount of Each Receipt this Period 15.50
City Livingston	State NJ	Zip Code 07039-2750
FEC ID number of contributing federal political committee.	C	
Name of Employer New Jersey Hospital Association	Occupation Vice President Continuing Care Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50	

SUBTOTAL of Receipts This Page (optional).....▶	345.50
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 16 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1857.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : 20477012

Amount of Each Receipt this Period
30.62

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

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

Name of Employer Occupation
New Jersey Hospital Association Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20477024

Amount of Each Receipt this Period
5.00

Full Name (Last, First, Middle Initial)
c. Ms. Cheri Cowperthwait

Mailing Address 276 New Freedom Road

City State Zip Code
Southampton NJ 08088-2802

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

Name of Employer Occupation
Lourdes Specialty Hospital of Southern CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20477025

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.62

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 17 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John J. Dawidowski
Full Name (Last, First, Middle Initial)
Mailing Address 17 Brookshire Drive

City Robbinsville	State NJ	Zip Code 08691-2554
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association	Occupation Vice President & General Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : 20477029

Amount of Each Receipt this Period
5.00

B. Dr. James P Dwyer DO
Full Name (Last, First, Middle Initial)
Mailing Address 15 Little John Drive

City Medford	State NJ	Zip Code 08055-8529
-----------------	-------------	------------------------

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

Name of Employer Virtua Health	Occupation Executive Vice President and Chief Med
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : 20477033

Amount of Each Receipt this Period
250.00

C. Ms. Theresa L. Edelstein
Full Name (Last, First, Middle Initial)
Mailing Address 27 Harvest Lane

City Livingston	State NJ	Zip Code 07039-2750
--------------------	-------------	------------------------

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

Name of Employer New Jersey Hospital Association	Occupation Vice President Continuing Care Service
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : 20477034

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1862.47**

Date of Receipt **10 / 26 / 2012**

Transaction ID : 20477039

Amount of Each Receipt this Period **5.00**

B. Mr. William D. Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 1549 North Valley Road

City Malvern State PA Zip Code 19355-9796

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

Name of Employer New Jersey Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1257.50**

Date of Receipt **10 / 26 / 2012**

Transaction ID : 20477041

Amount of Each Receipt this Period **5.00**

C. Mr. George F Lynn
Full Name (Last, First, Middle Initial)

Mailing Address 600 Washington Avenue

City Haddonfield State NJ Zip Code 08033-3418

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

Name of Employer AtlantiCare Occupation President Emeritus, Board of Trustees

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1175.00**

Date of Receipt **10 / 26 / 2012**

Transaction ID : 20477046

Amount of Each Receipt this Period **175.00**

SUBTOTAL of Receipts This Page (optional)..... **185.00**

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 19 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randall J. Minniear
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Worthington Court
 City Freehold State NJ Zip Code 7728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Senior VP, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1632.50

Date of Receipt 10 / 26 / 2012
Transaction ID : 20477051
 Amount of Each Receipt this Period 5.00

B. Mr. Barry Ostrowsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 448 Harding Drive
 City South Orange State NJ Zip Code 07079-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barnabas Health Occupation Executive Vice President and General C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2012
Transaction ID : 20477056
 Amount of Each Receipt this Period 500.00

C. Mr. Paul R Bengtson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 905
 City Saint Johnsbury State VT Zip Code 05819-0905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeastern Vermont Regional Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2012
Transaction ID : 20477175
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 855.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Rulon F Stacey PhD, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2315 East Harmony Road, Suite 200
 City State Zip Code
 Fort Collins CO 80528-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Poudre Valley Health System 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
 10 / 31 / 2012
Transaction ID : 20477178
 Amount of Each Receipt this Period
 250.00

B. Mr. David P Gehant
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Balsam Avenue
 City State Zip Code
 Boulder CO 80304-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boulder Community Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 20477181
 Amount of Each Receipt this Period
 500.00

C. Ms. Joan Robley
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 West Thomas Rd
 City State Zip Code
 Phoenix AZ 85013-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Joseph's Hospital and Medical Cent Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 20477184
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Clark P Christianson
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 850429

City	State	Zip Code
Mobile	AL	36685-0429

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

Name of Employer	Occupation
Providence Hospital	President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : 20477198

Amount of Each Receipt this Period

1000.00

B. Ms. Rosemary Blackmon
Full Name (Last, First, Middle Initial)
Mailing Address 547 Le Grand Place

City	State	Zip Code
Montgomery	AL	36106-1825

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

Name of Employer	Occupation
Alabama Hospital Association	Exec. Vice President of Public Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : 20477199

Amount of Each Receipt this Period

1000.00

C. Mr. Terry W Andrus
Full Name (Last, First, Middle Initial)
Mailing Address 2000 Pepperell Parkway

City	State	Zip Code
Opelika	AL	36801-5452

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

Name of Employer	Occupation
East Alabama Medical Center	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : 20477200

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ken Lott
Full Name (Last, First, Middle Initial)
Mailing Address 1567 Oak Hill Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : 20477201

Amount of Each Receipt this Period
1000.00

B. Ms. Carol Murphey
Full Name (Last, First, Middle Initial)
Mailing Address 2710 Rocky Brook Rd.

City Opelika	State AL	Zip Code 36801-2132
-----------------	-------------	------------------------

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

Name of Employer East Alabama Medical Center	Occupation Assistant Vice President, Post Acute S
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : 20477202

Amount of Each Receipt this Period
1000.00

C. Ms. Carey M. Owen
Full Name (Last, First, Middle Initial)
Mailing Address 2520 Springwood Drive

City Auburn	State AL	Zip Code 36830-7236
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2012

Transaction ID : 20477209

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lothar E Peace III
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 939
 City Alexander City State AL Zip Code 35011-0939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Russell Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : 20477210
 Amount of Each Receipt this Period
 500.00

B. Ms. Danne J. Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Chadwick Lane
 City Montgomery State AL Zip Code 36117-8962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Hospital Association Occupation Senior Vice President Government Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : 20477211
 Amount of Each Receipt this Period
 500.00

c. Ms. Jane Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 1612 Salisbury Place
 City Montgomery State AL Zip Code 36117-2562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Hospital Association Occupation Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : 20477212
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ingram Haley
Full Name (Last, First, Middle Initial)
Mailing Address 8124 Lichfield Court
City Montgomery State AL Zip Code 36117-5124
FEC ID number of contributing federal political committee. **C**
Name of Employer Alabama Hospital Association Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2012
Transaction ID : 20477213
Amount of Each Receipt this Period 500.00

B. Mr. Joel Gilbertson
Full Name (Last, First, Middle Initial)
Mailing Address 2100 Lake Washington Dr N Unit I-101
City Renton State WA Zip Code 98056-1449
FEC ID number of contributing federal political committee. **C**
Name of Employer Providence Health & Services Occupation VP, Government & Public Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2012
Transaction ID : 20481461
Amount of Each Receipt this Period 500.00

C. Mr. John E Walker FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 225 Tomahawk Trail
City Chapmanville State WV Zip Code 25508-9366
FEC ID number of contributing federal political committee. **C**
Name of Employer Logan Regional Medical Center Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2012
Transaction ID : 20481990
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 25 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 300 South Price Street

City State Zip Code
Kingwood WV 26537-1442

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

Name of Employer Occupation
Preston Memorial Hospital Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
Transaction ID : 20481991

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. George G Couch FACHE, MBA

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
Wheeling Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
Transaction ID : 20481996

Amount of Each Receipt this Period
250.00

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

Mailing Address 1503 Greenmont Hills Drive

City State Zip Code
Vienna WV 26105-3282

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

Name of Employer Occupation
Camden Clark Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
Transaction ID : 20481997

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: (check only one)	PAGE 26 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jack Phillips
Full Name (Last, First, Middle Initial)

Mailing Address Box 413

City Ghent State WV Zip Code 25843-0413

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

Name of Employer Raleigh General Hospital Occupation Chairman - Trustees

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : 20481998

Amount of Each Receipt this Period
 500.00

B. Mr. Todd Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 125 Water Side Circle

City Winfield State WV Zip Code 25213-9551

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

Name of Employer St. Mary's Medical Center Occupation Senior Vice President and Chief Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : 20482001

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2330 Hickory Ridge Road

City Ashland State KY Zip Code 41101-3604

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

Name of Employer Cabell Huntington Hospital Occupation Sr Vice President & Chief Financial Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : 20482003

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 27 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Allen R Butcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Alexander Drive
 City State Zip Code
 Williamstown WV 26187-8302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Camden Clark Medical Center Vice President Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20482007
 Amount of Each Receipt this Period
 250.00

B. Ms. Shelia M. Kyle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1418 Charleston Avenue
 City State Zip Code
 Huntington WV 25701-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Mary's Medical Center VP School of Nursing & Health
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20482009
 Amount of Each Receipt this Period
 250.00

C. Mrs. Sue E Johnson-Phillippe
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Fairlawn Drive
 City State Zip Code
 Buckhannon WV 26201-2276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Joseph's Hospital of Buckhannon President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20482015
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Tony J. Gregory
Full Name (Last, First, Middle Initial)

Mailing Address 1158 Creekstone Ridge

City South Charleston State WV Zip Code 25309-9473

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

Name of Employer West Virginia Hospital Association Occupation VP Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : 20482025

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1412 North 4th Street

City Ironton State OH Zip Code 45638-1151

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

Name of Employer St. Mary's Medical Center Occupation VP Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : 20482026

Amount of Each Receipt this Period
 250.00

C. Mr. Glen A. Washington
Full Name (Last, First, Middle Initial)

Mailing Address 14267 St. Rt. 243

City Chesapeake State OH Zip Code 45619

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

Name of Employer Cabell Huntington Hospital Occupation Senior VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : 20482027

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Brent A Marsteller

Mailing Address 2010 Military Road

City State Zip Code
Huntington WV 25701-3800

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

Name of Employer Occupation
Cabell Huntington Hospital President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 23 / 2012
Transaction ID : 20482028

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Dr. Hoyt J Burdick MD

Mailing Address 251 High Drive

City State Zip Code
Huntington WV 25705-3527

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

Name of Employer Occupation
Cabell Huntington Hospital Vice President & Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 23 / 2012
Transaction ID : 20482033

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Mr. Michael J Caruso

Mailing Address 2000 Eoff Street

City State Zip Code
Wheeling WV 26003-3823

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

Name of Employer Occupation
Ohio Valley Medical Center Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 23 / 2012
Transaction ID : 20482035

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Angela Swearingen
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 Riverwalk Drive
 City Barboursville State WV Zip Code 25504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary's Medical Center Occupation VP Finance / CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20482036
 Amount of Each Receipt this Period
 250.00

B. Dr. David Engler PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 Pebble Creek Drive
 City Dublin State OH Zip Code 43017-1370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation Vice President, Quality Institute
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20485018
 Amount of Each Receipt this Period
 500.00

C. Mr. James R Pancoast
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 West Fourth Street
 City Dayton State OH Zip Code 45402-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Health Partners Occupation President and Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1809.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20485231
 Amount of Each Receipt this Period
 1809.50

SUBTOTAL of Receipts This Page (optional).....▶	2559.50
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 31 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2600 Sixth Street SW

City State Zip Code
Canton OH 44710-1702

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

Name of Employer Occupation
Aultman Health Foundation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : 20485236

Amount of Each Receipt this Period
500.00

B. Mr. Daniel R. Landon
Full Name (Last, First, Middle Initial)

Mailing Address 1811 Forest Park Court

City State Zip Code
Jefferson City MO 65109-9782

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

Name of Employer Occupation
Missouri Hospital Association Sr. Vice President, Governmental Relat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20486169

Amount of Each Receipt this Period
500.00

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

Mailing Address 100 Hospital Drive

City State Zip Code
Bennington VT 05201-5004

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

Name of Employer Occupation
Southwestern Vermont Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2012

Transaction ID : 20486175

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jennifer Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Hickory Lane
 City Madison State CT Zip Code 06443-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 07 / 2012
Transaction ID : 20486177
 Amount of Each Receipt this Period 1000.00

B. Mr. Thomas Marchozzi
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 5037
 City Hartford State CT Zip Code 06102-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Healthcare Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2012
Transaction ID : 20486178
 Amount of Each Receipt this Period 500.00

C. Mr. Chris Clarke
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Blvd. South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Hospital Association Occupation Senior Vice President, Center for Pati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2012
Transaction ID : 20486185
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael A. Dietrich		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : 20486186
Mailing Address 500 Interstate Boulevard South		Amount of Each Receipt this Period 200.00
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. James L. Goodloe		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : 20486187
Mailing Address 500 Interstate Blvd. South		Amount of Each Receipt this Period 200.00
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Bill Jolley		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : 20486188
Mailing Address 500 Interstate Blvd., South		Amount of Each Receipt this Period 100.00
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Vice-President-Rural Health Issues	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 34 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David H. McClure
Full Name (Last, First, Middle Initial)

Mailing Address 500 Interstate Boulevard South

City	State	Zip Code
Nashville	TN	37210-4634

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

Name of Employer	Occupation
Tennessee Hospital Association	Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : 20486189

Amount of Each Receipt this Period

150.00

B. Ms. Gwyn E Walters
Full Name (Last, First, Middle Initial)

Mailing Address 500 Interstate Blvd., South

City	State	Zip Code
Nashville	TN	37210-4634

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

Name of Employer	Occupation
Tennessee Hospital Association	VP for Research and Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : 20486190

Amount of Each Receipt this Period

350.00

C. Ms. Patricia Schmehl
Full Name (Last, First, Middle Initial)

Mailing Address 3221 Sargent Drive

City	State	Zip Code
Falls Church	VA	22044-1614

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

Name of Employer	Occupation
Inova Fairfax Hospital	Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : 20486192

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 205 Oxford Circle West

City Richmond State VA Zip Code 23221-3250

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012
Transaction ID : 20486193

Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Dr. Robert J Laskowski MD, MBA

Mailing Address P O Box 1668

City Wilmington State DE Zip Code 19899-1668

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

Name of Employer Christiana Care Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012
Transaction ID : 20486199

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. 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 Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2012
Transaction ID : 20486212

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Cavender Kimble
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Sixth Avenue North
Suite 1500

City Birmingham State AL Zip Code 35203-4642

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

Name of Employer Balch & Bingham, LLP Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 05 / 2012
Transaction ID : 20486214

Amount of Each Receipt this Period
250.00

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

Mailing Address 3949 South Cobb Drive SE

City Smyrna State GA Zip Code 30080-6342

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

Name of Employer Emory-Adventist Hospital Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
11 / 05 / 2012
Transaction ID : 20486215

Amount of Each Receipt this Period
125.00

C. Mr. Philip Sprinkle II
Full Name (Last, First, Middle Initial)

Mailing Address 30 Ivan Allen, Jr. Blvd. NW
Suite 700

City Atlanta State GA Zip Code 30308-3036

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

Name of Employer Balch & Bingham, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 05 / 2012
Transaction ID : 20486216

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeremy Blanchard
Full Name (Last, First, Middle Initial)

Mailing Address 6344 Rutsatz Road

City Deming State WA Zip Code 98244-9403

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

Name of Employer PeaceHealth St. Joseph Medical Center Occupation Vice President, Quality & Medical Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
11 / 01 / 2012
Transaction ID : 20486234

Amount of Each Receipt this Period
100.00

B. Mr. J Scott Graham
Full Name (Last, First, Middle Initial)

Mailing Address 411 Fortuyn Road

City Grand Coulee State WA Zip Code 99133-8718

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

Name of Employer Coulee Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 01 / 2012
Transaction ID : 20486235

Amount of Each Receipt this Period
250.00

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

Mailing Address 19 Curtis Lane

City Longview State WA Zip Code 98632-5377

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

Name of Employer PeaceHealth St. John Medical Center Occupation CEO/Chief Mission Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 01 / 2012
Transaction ID : 20486236

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 23123- 23rd Avenue

City State Zip Code
Brier WA 98036-8383

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486237

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Gregory C Reed FACHE

Mailing Address 2000 Hospital Drive

City State Zip Code
Sedro Woolley WA 98284-4327

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

Name of Employer Occupation
United General Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486238

Amount of Each Receipt this Period
325.00

Full Name (Last, First, Middle Initial)
C. Mr. Kurt Schley

Mailing Address 11567 Canterwood Boulevard NW

City State Zip Code
Gig Harbor WA 98332-5812

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

Name of Employer Occupation
St. Anthony Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486239

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert H Malte
Full Name (Last, First, Middle Initial)

Mailing Address 12040 NE 128th Street

City Kirkland State WA Zip Code 98034-3013

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

Name of Employer Evergreen Hospital Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2012
Transaction ID : 20486240

Amount of Each Receipt this Period 500.00

B. Ms. Nancy Steiger RN
Full Name (Last, First, Middle Initial)

Mailing Address 2901 Squalicum Parkway

City Bellingham State WA Zip Code 98225-1851

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

Name of Employer PeaceHealth St. Joseph Medical Center Occupation Chief Executive Officer and Chief Miss

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 01 / 2012
Transaction ID : 20486241

Amount of Each Receipt this Period 750.00

C. Mr. Joseph W. Wilczek
Full Name (Last, First, Middle Initial)

Mailing Address 1175 SW 296th Street

City Federal Way State WA Zip Code 98023-8251

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

Name of Employer Franciscan Health System Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2012
Transaction ID : 20486242

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Patricia G Ball EdD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 North Dallas Parkway
 Suite 200
 City State Zip Code
 Plano TX 75093-5993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LHP Hospital Group Senior Vice President Strategic Develo
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486252
 Amount of Each Receipt this Period
 1000.00

B. Mr. Matthew Anderson JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 City State Zip Code
 Saint Paul MN 55114-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Vice Pres, Regulatory/Strategic Affair
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 731.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : 20486326
 Amount of Each Receipt this Period
 230.82

C. Ms. Wendy Burt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City State Zip Code
 Saint Paul MN 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Minnesota Hospital Association Vice President, Communications & Publi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : 20486327
 Amount of Each Receipt this Period
 80.76

SUBTOTAL of Receipts This Page (optional).....▶	1311.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Tania Daniels
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Patient Safety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.37**

Date of Receipt **11 / 06 / 2012**

Transaction ID : 20486328

Amount of Each Receipt this Period **115.38**

B. Ms. Ann Gibson
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Director, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **349.92**

Date of Receipt **11 / 06 / 2012**

Transaction ID : 20486329

Amount of Each Receipt this Period **157.86**

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

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation Director of State Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **11 / 06 / 2012**

Transaction ID : 20486330

Amount of Each Receipt this Period **115.38**

SUBTOTAL of Receipts This Page (optional).....▶	388.62
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 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2550 University Avenue West, Suite

City State Zip Code
Saint Paul MN 55114-1907

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

Name of Employer Occupation
Minnesota Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : 20486331

Amount of Each Receipt this Period
600.00

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

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1907

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

Name of Employer Occupation
Minnesota Hospital Association Vice President, Legal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
751.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : 20486333

Amount of Each Receipt this Period
230.82

Full Name (Last, First, Middle Initial)
C. Mr. Joe Schindler

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : 20486334

Amount of Each Receipt this Period
115.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 946.20

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 43 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President of Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
11 / 06 / 2012
Transaction ID : 20486335

Amount of Each Receipt this Period
120.00

B. Ms. Peggy Westby
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt
11 / 06 / 2012
Transaction ID : 20486336

Amount of Each Receipt this Period
115.38

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

Mailing Address P O Box 90

City South Hill State VA Zip Code 23970-0090

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

Name of Employer Community Memorial Healthcenter Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
11 / 01 / 2012
Transaction ID : 20486408

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ronald Ewald
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Gallows Road

City Falls Church State VA Zip Code 22042-3300

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

Name of Employer Inova Fairfax Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20486410

Amount of Each Receipt this Period
350.00

B. Ms. Angela Mannino
Full Name (Last, First, Middle Initial)

Mailing Address 11990 Market Street Unit 1317

City Reston State VA Zip Code 20190-6011

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

Name of Employer Inova Health System Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20486411

Amount of Each Receipt this Period
350.00

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

Mailing Address 601 Children's Lane

City Norfolk State VA Zip Code 23507-1971

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

Name of Employer Children's Hospital of The King's Daug Occupation Senior Vice President and Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20486414

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 45 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kylanne Silverstone
 Full Name (Last, First, Middle Initial)
 Mailing Address 10620 Belfast Place
 City Potomac State MD Zip Code 20854-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System 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 Y Y
 11 / 01 / 2012
Transaction ID : 20486415
 Amount of Each Receipt this Period
 350.00

B. Mr. Gregory Spruill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2317 Singingwoods Lane
 City Richmond State VA Zip Code 23233-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours Richmond Health System Occupation Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486416
 Amount of Each Receipt this Period
 350.00

C. Dr. Maura Sughrue
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 Shipman LN
 City McLean State VA Zip Code 22101-2137
 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 Y
 11 / 01 / 2012
Transaction ID : 20486417
 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 46 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. N Travis Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Memorial Drive
 City Luray State VA Zip Code 22835-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Page Memorial Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486436
 Amount of Each Receipt this Period
 350.00

B. Mr. James Ecklund
 Full Name (Last, First, Middle Initial)
 Mailing Address 6425 Manor View Dr
 City Laytonsville State MD Zip Code 20882-1265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System Occupation Chairman of Neurosciences
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486437
 Amount of Each Receipt this Period
 350.00

C. Mr Marijo Leckner
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 South Keswick Dr
 City Troy State VA Zip Code 22974-9626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martha Jefferson Hospital Occupation Vice President of Information Technolo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20486438
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James T Berry
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 511

City Purcell State OK Zip Code 73080-0511

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

Name of Employer Purcell Municipal Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486546

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2220 Iowa Avenue

City Chickasha State OK Zip Code 73018-2738

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

Name of Employer Grady Memorial Hospital Occupation Vice President, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486549

Amount of Each Receipt this Period
 125.00

C. Ms. Patricia Davis
Full Name (Last, First, Middle Initial)

Mailing Address 816 Cedarbrook Drive

City Norman State OK Zip Code 73072-4242

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

Name of Employer Oklahoma Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486550

Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional).....▶	345.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Debbie Howe
Full Name (Last, First, Middle Initial)

Mailing Address 3701 East Main Street

City Weatherford State OK Zip Code 73096-3309

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

Name of Employer Weatherford Regional Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486555

Amount of Each Receipt this Period
 500.00

B. Ms. Beth Pauchnik
Full Name (Last, First, Middle Initial)

Mailing Address 3366 NW Expressway, Suite 800

City Oklahoma City State OK Zip Code 73112-4458

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

Name of Employer INTEGRIS Health Occupation Managing Director Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486561

Amount of Each Receipt this Period
 250.00

C. Mr. Hardy Watkins
Full Name (Last, First, Middle Initial)

Mailing Address 3366 NW Expressway, Suite 800

City Oklahoma City State OK Zip Code 73112-4458

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

Name of Employer INTEGRIS Health Occupation VP/Marketing&Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486589

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 49 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047-2306

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

Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20486603

Amount of Each Receipt this Period
 1.00

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

Mailing Address 17 Brookshire Drive

City Robbinsville State NJ Zip Code 08691-2554

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

Name of Employer New Jersey Hospital Association Occupation Vice President & General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1262.25**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20486604

Amount of Each Receipt this Period
 1.00

Full Name (Last, First, Middle Initial)
C. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

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

Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **246.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20486607

Amount of Each Receipt this Period
 1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **3.00**

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 50 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1863.47**

Date of Receipt **11 / 09 / 2012**

Transaction ID : 20486609

Amount of Each Receipt this Period **1.00**

B. Mr. William D. Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 1549 North Valley Road

City Malvern State PA Zip Code 19355-9796

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

Name of Employer New Jersey Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1258.50**

Date of Receipt **11 / 09 / 2012**

Transaction ID : 20486611

Amount of Each Receipt this Period **1.00**

C. Ms. Sarah Lechner
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt **11 / 09 / 2012**

Transaction ID : 20486615

Amount of Each Receipt this Period **1.00**

SUBTOTAL of Receipts This Page (optional).....▶	3.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randall J. Minniear
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Worthington Court
 City Freehold State NJ Zip Code 7728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Senior VP, Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1633.50**

Date of Receipt **11 / 09 / 2012**
Transaction ID : 20486618
 Amount of Each Receipt this Period **1.00**

B. Dr. David C Pate MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 20269
 City Houston State TX Zip Code 77225-0269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke's Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : 20486712
 Amount of Each Receipt this Period **500.00**

c. Mr. Douglas Crabtree
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2077
 City Idaho Falls State ID Zip Code 83403-2077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Idaho Regional Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : 20486713
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1001.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Sally E Jeffcoat

Mailing Address 2126 W Falcon Point Ct

City State Zip Code
Boise ID 83703-4298

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

Name of Employer Occupation
Saint Alphonsus Regional Medical Cente President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : 20486714

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Jon Ness

Mailing Address 1682 Tullis Drive

City State Zip Code
Coeur D Alene ID 83815-8481

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

Name of Employer Occupation
Kootenai Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : 20486715

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. James L Angle FACHE

Mailing Address P O Box 5596

City State Zip Code
Twin Falls ID 83303-5596

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

Name of Employer Occupation
St. Luke's Jerome Family Medical Cente Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : 20486716

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional).....▶	1262.50
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 53 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Rodney D Jacobson

Mailing Address 164 South Fifth Street

City State Zip Code
Montpelier ID 83254-1557

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

Name of Employer Occupation
Bear Lake Memorial Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486717

Amount of Each Receipt this Period
255.00

Full Name (Last, First, Middle Initial)
B. Mr. Larry Tisdale

Mailing Address 454 East Lake Creek

City State Zip Code
Meridian ID 83642-4661

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

Name of Employer Occupation
Idaho Hospital Association Vice President - Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486718

Amount of Each Receipt this Period
250.00

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

Mailing Address 190 East Bannock Street

City State Zip Code
Boise ID 83712-6241

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

Name of Employer Occupation
St. Luke's Health System Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486719

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 755.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathy D Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 14980 Oma St
 City Caldwell State ID Zip Code 83607-7761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke's Regional Medical Center Occupation 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 Y Y
 10 / 26 / 2012
Transaction ID : 20486720
 Amount of Each Receipt this Period
 250.00

B. Ms. Sheryl Rickard
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 1448
 City Sandpoint State ID Zip Code 83864-0877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bonner General Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486721
 Amount of Each Receipt this Period
 250.00

C. Mr. J. Robert Polk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1627 Ridgecliff Lane
 City Boise State ID Zip Code 83702-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Alphonsus Regional Medical Cente Occupation Vice President, Quality and Patient Sa
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486722
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Timothy Saylor

Mailing Address P O Box 6002

City State Zip Code
Grand Forks ND 58206-6002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012
Transaction ID : 20486723

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Kara Besst

Mailing Address 650 Victoria Dr

City State Zip Code
Moscow ID 83843-7813

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

Name of Employer Occupation
Gritman Medical Center Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012
Transaction ID : 20486724

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Jeffrey D Baiocco

Mailing Address P O Box 2077

City State Zip Code
Idaho Falls ID 83403-2077

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

Name of Employer Occupation
Eastern Idaho Regional Medical Center Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012
Transaction ID : 20486725

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 56 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Jeff Hill

Mailing Address PO Box 892

City Salmon State ID Zip Code 83467-0892

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

Name of Employer: Steele Memorial Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486726

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Toni Lawson

Mailing Address 5023 Rivervista Way

City Boise State ID Zip Code 83714-1979

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

Name of Employer: Idaho Hospital Association
Occupation: Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486727

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Sandee Moore

Mailing Address P O Box 2077

City Idaho Falls State ID Zip Code 83403-2077

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

Name of Employer: Eastern Idaho Regional Medical Center
Occupation: Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20486728

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Reta K Baker
Full Name (Last, First, Middle Initial)
Mailing Address 401 Woodland Hills Boulevard

City Fort Scott	State KS	Zip Code 66701-8797
--------------------	-------------	------------------------

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

Name of Employer Mercy Hospital Fort Scott	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2012

Transaction ID : 20486742

Amount of Each Receipt this Period

250.00

B. Mr. Allan Pinard
Full Name (Last, First, Middle Initial)
Mailing Address 110 Barnes Road

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

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

Name of Employer Connecticut Hospital Association	Occupation Assistant Vice President, Finance
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2012

Transaction ID : 20486860

Amount of Each Receipt this Period

350.00

C. Mr. Christopher M O'Connor
Full Name (Last, First, Middle Initial)
Mailing Address 1450 Chapel Street

City New Haven	State CT	Zip Code 06511-4405
-------------------	-------------	------------------------

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

Name of Employer Yale New Haven Health System	Occupation Executive Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2012

Transaction ID : 20486861

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Karen Buckley-Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road, PO Box 90
 City Wallingford State CT Zip Code 06492-0090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Director Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486862
 Amount of Each Receipt this Period
 250.00

B. Mr. James D. Iacobellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486863
 Amount of Each Receipt this Period
 500.00

C. Dr. Marie M Spivey
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Barnes Road
 City Wallingford State CT Zip Code 06492-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Hospital Association Occupation Vice President, Health Equity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486864
 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 59 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. John J. Brady III

Mailing Address 5 Lynnbrook Road

City Trumbull State CT Zip Code 06611-3308

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

Name of Employer Connecticut Hospital Association Occupation Vice President, Business Development &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2012

Transaction ID : 20486865

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms Deborah K. Weymouth FACHE

Mailing Address 350 Parrish Street

City Canandaigua State NY Zip Code 14424-1793

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

Name of Employer New Milford Hospital Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2012

Transaction ID : 20486866

Amount of Each Receipt this Period
250.00

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

Mailing Address 20 York Street

City New Haven State CT Zip Code 06519-1304

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

Name of Employer Yale New Haven Health System Occupation Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2012

Transaction ID : 20486867

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Vincent G. Capece Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 28 Crescent Street

City Middletown State CT Zip Code 06457-3650

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

Name of Employer Middlesex Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486869

Amount of Each Receipt this Period
 350.00

B. Dr. Susan L Davis RN, EdD, F
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Main Street

City Bridgeport State CT Zip Code 06606-4201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486872

Amount of Each Receipt this Period
 500.00

C. Mr. E. Merritt McDonough Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 44 Wesmont

City West Hartford State CT Zip Code 06117-2927

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

Name of Employer Saint Francis Care, Inc. Occupation Pres/Chief Develop. Officer Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486874

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Kimberley K. Hostetler		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 Transaction ID : 20486875
Mailing Address 31 Prospect Place		Amount of Each Receipt this Period 500.00
City Bristol	State CT	Zip Code 06010-5045
FEC ID number of contributing federal political committee. C		
Name of Employer Connecticut Hospital Association	Occupation Sr. Vice President Administration and	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Kurt A Barwis FACHE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 Transaction ID : 20486876
Mailing Address 21 Lakewood Circle		Amount of Each Receipt this Period 1000.00
City Bristol	State CT	Zip Code 06010-9405
FEC ID number of contributing federal political committee. C		
Name of Employer Bristol Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. James W. Schepker		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 Transaction ID : 20486896
Mailing Address 115 Mountain Terrace Road		Amount of Each Receipt this Period 250.00
City West Hartford	State CT	Zip Code 06107-1547
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vice President, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David M. Bittner
Full Name (Last, First, Middle Initial)

Mailing Address 32 Nottingham Blvd

City Unionville State CT Zip Code 06085-1185

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486898

Amount of Each Receipt this Period
 250.00

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

Mailing Address 37 Carnoustie Circle

City Bloomfield State CT Zip Code 06002-2382

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Executive Vice President&COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486899

Amount of Each Receipt this Period
 350.00

C. Ms. Lucille A Janatka
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 940

City Woodbury State CT Zip Code 06798-0940

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486911

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Frank A Corvino
Full Name (Last, First, Middle Initial)

Mailing Address 408 West Lyon Farm Drive

City Greenwich State CT Zip Code 06831-4358

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

Name of Employer Greenwich Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486912

Amount of Each Receipt this Period
 500.00

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

Mailing Address 789 Howard Avenue

City New Haven State CT Zip Code 06519-1304

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486913

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 36 Ferguson Road

City Manchester State CT Zip Code 06040-4533

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486914

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 171
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Joel R Reich MD
Full Name (Last, First, Middle Initial)
Mailing Address 71 Haynes Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2012

Transaction ID : 20486919

Amount of Each Receipt this Period

350.00

B. Dr. Steven D Hanks
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 100

City New Britain	State CT	Zip Code 06050-0100
---------------------	-------------	------------------------

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

Name of Employer New Britain General Hospital	Occupation Senior Vice President Medical Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2012

Transaction ID : 20486920

Amount of Each Receipt this Period

500.00

c. Dr. Gregory T. Makoul PhD
Full Name (Last, First, Middle Initial)
Mailing Address 49 Madison Ave

City Madison	State CT	Zip Code 06443-3135
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2012

Transaction ID : 20486923

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Arthur W. Detore M.D.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 Transaction ID : 20486924
Mailing Address 114 Woodland Street		Amount of Each Receipt this Period 500.00
City Hartford	State CT	Zip Code 06105-1208
FEC ID number of contributing federal political committee. C	Name of Employer Saint Francis Hospital and Medical Cen	
Occupation Executive Vice President		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Jess Kupec		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 Transaction ID : 20486933
Mailing Address 8 Ellridge Place		Amount of Each Receipt this Period 500.00
City Ellington	State CT	Zip Code 06029-3633
FEC ID number of contributing federal political committee. C	Name of Employer Saint Francis Hospital and Medical Cen	
Occupation President and CEO, St. Francis Partner		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. David Whitehead		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 Transaction ID : 20486934
Mailing Address 326 Washington Street		Amount of Each Receipt this Period 1000.00
City Norwich	State CT	Zip Code 06360-2733
FEC ID number of contributing federal political committee. C	Name of Employer William W. Backus Hospital, The	
Occupation President and CEO		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. William Stanley		Date of Receipt 11 / 07 / 2012 Transaction ID : 20486935
Mailing Address 37 Westwood Drive		Amount of Each Receipt this Period 350.00
City Waterford	State CT	Zip Code 06385-3826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Lawrence & Memorial Hospital	Occupation Vice President Development & Community	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. R Christopher Hartley		Date of Receipt 11 / 07 / 2012 Transaction ID : 20486947
Mailing Address 114 Woodland Street		Amount of Each Receipt this Period 500.00
City Hartford	State CT	Zip Code 06105-1208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Saint Francis Care, Inc.	Occupation Senior Vice President Planning and Fac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Mark Aresco		Date of Receipt 11 / 07 / 2012 Transaction ID : 20486949
Mailing Address 49 Cedar Spring Road		Amount of Each Receipt this Period 250.00
City Burlington	State CT	Zip Code 06013-2441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 67 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486950
 Amount of Each Receipt this Period
 250.00

B. Ms. Dawn Bryant
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland Street
 City Hartford State CT Zip Code 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Care, Inc. Occupation Chief Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486951
 Amount of Each Receipt this Period
 250.00

C. Mr. Kevin A. Myatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 York Street
 City New Haven State CT Zip Code 06510-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale-New Haven Hospital Occupation Sr. Vice President, 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 Y Y
 11 / 07 / 2012
Transaction ID : 20486953
 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: (check only one)	PAGE 68 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Mary Ann Hanley

Mailing Address 349 East Street

City Hebron State CT Zip Code 06248-1102

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486956

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Robert J. Falaguerra FASHE, CHF

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President Facilities Support Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486957

Amount of Each Receipt this Period
 250.00

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

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Care, Inc. Occupation Senior Vice President and Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486958

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: (check only one)	PAGE 69 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Daniel Rissi MD
Full Name (Last, First, Middle Initial)

Mailing Address 367 Glenwood Avenue Ext

City Waterford State CT Zip Code 06385-3808

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

Name of Employer Lawrence & Memorial Hospital Occupation Vice President, Chief Medical and Clin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486971

Amount of Each Receipt this Period
 350.00

B. Ms. Karen S. Beauchesne
Full Name (Last, First, Middle Initial)

Mailing Address 70 Lake Road

City Narragansett State RI Zip Code 02882-1485

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Chief Affiliation Integration Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : 20486972

Amount of Each Receipt this Period
 250.00

C. Ms. Sally Nan Barber
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 800810

City Charlottesville State VA Zip Code 22908-0809

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

Name of Employer UVA Health System Occupation Director of State and Federal Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20492856

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Donna Demmerle
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Battlefield Blvd. North
 City Chesapeake State VA Zip Code 23320-4941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chesapeake Regional Medical Center Occupation Interim Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20492858
 Amount of Each Receipt this Period
 200.00

B. Mr. Thomas S Kluge
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Wilborn Avenue
 City South Boston State VA Zip Code 24592-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Halifax Regional Health System Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20492859
 Amount of Each Receipt this Period
 350.00

C. Mr. Terri Spence
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Skip Jack CT
 City Virginia Beach State VA Zip Code 23464-6309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours Health System, Inc. Occupation VP Information Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20492860
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 235 Cantrell Avenue

City State Zip Code
Harrisonburg VA 22801-3248

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

Name of Employer Occupation
Rockingham Memorial Hospital Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20492861

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Kevin L Unger FACHE

Mailing Address 1024 South Lemay Avenue

City State Zip Code
Fort Collins CO 80524-3998

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

Name of Employer Occupation
Poudre Valley 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
 11 / 13 / 2012
Transaction ID : 20492868

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

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

Name of Employer Occupation
New Hampshire Hospital Association President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20492889

Amount of Each Receipt this Period
45.55

SUBTOTAL of Receipts This Page (optional)..... ▶ 645.55

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 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Paula Minnehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 283 Gallopiny Hill Road
 City Hopkinton State NH Zip Code 03229-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20492890
 Amount of Each Receipt this Period
 14.00

B. Ms. Leslie K. Melby
 Full Name (Last, First, Middle Initial)
 Mailing Address 375 Farrington Colner Road
 City Hopkinton State NH Zip Code 03229-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Hospital Association Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20492891
 Amount of Each Receipt this Period
 14.00

C. Mr. Steve Adriaanse
 Full Name (Last, First, Middle Initial)
 Mailing Address 3042 Fermanagh Drive
 City Tallahassee State FL Zip Code 32309-3333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tallahassee Memorial HealthCare Occupation HR Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492911
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	278.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Gladys Baxley
 Full Name (Last, First, Middle Initial)
 Mailing Address 11507 Orilla Del Rio PL
 City Tampa State FL Zip Code 33617-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeland Regional Medical Center Occupation Director Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492914
 Amount of Each Receipt this Period
 250.00

B. Ms. Nina Beauchesne
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 Johnson Street
 City Hollywood State FL Zip Code 33021-5421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Regional Hospital Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492916
 Amount of Each Receipt this Period
 250.00

C. Mr. Forest Blanton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 Johnson Street
 City Hollywood State FL Zip Code 33021-5421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Healthcare System Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492917
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr Robert Brigham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 S. Burgandy Trl
 City Jacksonville State FL Zip Code 32259-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Jacksonville Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1135.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492920
 Amount of Each Receipt this Period
 1135.00

B. Mr. Jerry Christine
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 876
 City Palatka State FL Zip Code 32178-0876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Putnam Community Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492926
 Amount of Each Receipt this Period
 270.00

C. Mr. Tim Curtin
 Full Name (Last, First, Middle Initial)
 Mailing Address 9631 Ridgeside Court
 City Davie State FL Zip Code 33328-6907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Healthcare System Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492931
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1655.00
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 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Sheryl Dodds

Mailing Address 10602 Woodchase Circle

City Orlando State FL Zip Code 32836-5885

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

Name of Employer Florida Hospital Occupation SVP, Chief Clinical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492932

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Patricia Dolan

Mailing Address 12807 Blue Heron Way

City Leesburg State FL Zip Code 34788-2911

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

Name of Employer Florida Hospital Waterman Occupation Vice President/Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492933

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Bill Ellis

Mailing Address 6450 US Highway 1

City Rockledge State FL Zip Code 32955-5747

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

Name of Employer Health First, Inc. Occupation Vice President Government and Industry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492934

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1030.00**

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

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

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

FOR LINE NUMBER: PAGE 76 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Aurelio Fernandez

Mailing Address 1901 SW 172nd Avenue

City Miramar State FL Zip Code 33029-5592

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

Name of Employer Memorial Healthcare System Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492936

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mrs. Kristin Feliciano

Mailing Address 9626 Kensington PKWY

City Kensington State MD Zip Code 20895-3517

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

Name of Employer Inova Fairfax Hospital Occupation VP & Administrator of Adult Specialty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20492945

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Dr. Ray Wayne Gandee

Mailing Address 3271 Allendale St SW

City Roanoke State VA Zip Code 24014-3120

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

Name of Employer Carilion Clinic Occupation EVP/Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20492946

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **950.00**

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

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

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

FOR LINE NUMBER: PAGE 78 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Susan Jackson

Mailing Address 374 Lakeview Street

City State Zip Code
Orlando FL 32804-6883

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

Name of Employer Occupation
Health Central Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492955

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Mr Warren E Jones

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5054

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

Name of Employer Occupation
Tallahassee Memorial HealthCare Vice President and Chief Communication

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492961

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Mr. Steven Jorgensen

Mailing Address 3708 Tatum Trace

City State Zip Code
Jacksonville FL 32259-4525

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

Name of Employer Occupation
Mayo Clinic Jacksonville Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492962

Amount of Each Receipt this Period
 250.00

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 79 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeffrey M Fried FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Patriots Way
 City Rehoboth Beach State DE Zip Code 19971-1057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beebe Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2012
Transaction ID : 20492967
 Amount of Each Receipt this Period 500.00

B. Ms. Jan Kantor
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Grande Way #1202
 City Naples State FL Zip Code 34110-6490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NCH Downtown Naples Hospital Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20492971
 Amount of Each Receipt this Period 250.00

C. Mr. John A Kolosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 12902 Magnolia Drive
 City Tampa State FL Zip Code 33612-9497
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H. Lee Moffitt Cancer Center & Research Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20492974
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Chantal Leconte
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 565002, Mail Stop 1
 City State Zip Code
 Rockledge FL 32956-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wuesthoff Medical Center - Rockledge Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492976
 Amount of Each Receipt this Period
 250.00

B. Mr. Tom Macaluso
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 Isle of Palms. Dr
 City State Zip Code
 Fort Lauderdale FL 33301-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Regional Hospital South Chief Medical Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492981
 Amount of Each Receipt this Period
 300.00

C. Ms. Angie Marano
 Full Name (Last, First, Middle Initial)
 Mailing Address 3925 NW 87th Ave
 City State Zip Code
 Hollywood FL 33024-8701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Regional Hospital Chief Operations Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492983
 Amount of Each Receipt this Period
 250.00

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 81 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. Stanley Marks MD, FACS

Mailing Address 3501 Johnson Street

City State Zip Code
Pembroke Pines FL 33021-5421

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

Name of Employer Occupation
Memorial Healthcare System Senior Vice President and Chief Medica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492984

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Vinay Mehindru MD

Mailing Address P O Box 565002, Mail Stop 1

City State Zip Code
Rockledge FL 32956-5002

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

Name of Employer Occupation
Florida Hospital Waterman Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492987

Amount of Each Receipt this Period
250.00

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

Mailing Address 1395 South Pinellas Avenue

City State Zip Code
Tarpon Springs FL 34689-3790

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

Name of Employer Occupation
Florida Hospital North Pinellas Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20492988

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Marc Miller		Date of Receipt 11 / 09 / 2012 Transaction ID : 20492990
Mailing Address 2485 SE 18th Circle		Amount of Each Receipt this Period 225.00
City Ocala	State FL	Zip Code 34471-8323
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 225.00
Name of Employer Munroe Regional Medical Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Richard Mutarelli		Date of Receipt 11 / 09 / 2012 Transaction ID : 20492993
Mailing Address P O Box 6000		Amount of Each Receipt this Period 250.00
City Ocala	State FL	Zip Code 34478-6000
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Munroe Regional Medical Center	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Theron Park		Date of Receipt 11 / 09 / 2012 Transaction ID : 20492996
Mailing Address 4805 NE Glisan Street		Amount of Each Receipt this Period 250.00
City Portland	State OR	Zip Code 97213-2933
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Providence Portland Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 83 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Greg Van Pelt
Full Name (Last, First, Middle Initial)

Mailing Address 224 NW Skyline Blvd

City Portland State OR Zip Code 97210-1069

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

Name of Employer Providence Health & Services Occupation Vice President and Chief Regional Oper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20492998

Amount of Each Receipt this Period 500.00

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

Mailing Address 2751 Shadow View Dr

City Eugene State OR Zip Code 97408-4640

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

Name of Employer Sacred Heart Medical Center at RiverBe Occupation CEO, Oregon West Network

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20492999

Amount of Each Receipt this Period 250.00

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

Mailing Address 8553 SW 8th Ave

City Portland State OR Zip Code 97219-4577

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

Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20493000

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Lewis Low MD
Full Name (Last, First, Middle Initial)

Mailing Address 2222 NW Murdock

City Portland State OR Zip Code 97229

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

Name of Employer Legacy Meridian Park Hospital Occupation SR VP and Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20493001

Amount of Each Receipt this Period 250.00

B. Dr. George J Brown , M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 376 NW 81st Pl

City Portland State OR Zip Code 97229-6777

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

Name of Employer Legacy Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20493004

Amount of Each Receipt this Period 250.00

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

Mailing Address 675 S Oregon St

City Jacksonville State OR Zip Code 97530-9792

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

Name of Employer Asante Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 20493005

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 171
	<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
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 210 Bellerive Drive

City Eagle Point State OR Zip Code 97524-9733

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

Name of Employer Asante Health System Occupation Chief Quality Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493006

Amount of Each Receipt this Period
 250.00

B. Mr. Ed Noseworthy
Full Name (Last, First, Middle Initial)

Mailing Address 587 Broadoak Loop

City Sanford State FL Zip Code 32771-5430

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

Name of Employer Florida Hospital DeLand Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493009

Amount of Each Receipt this Period
 500.00

C. Mr. Stephen A Purves FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Sw 1St Ave

City Ocala State FL Zip Code 34471-6504

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

Name of Employer Munroe Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493011

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Dawn Quaranta

Mailing Address 3501 Johnson Street

City Hollywood State FL Zip Code 33021-5421

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

Name of Employer Memorial Healthcare System Occupation Director of Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493012

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6030 Hollywood Boulevard, Suite 14

City Hollywood State FL Zip Code 33024-7923

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

Name of Employer South Florida Hospital and Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493013

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City Tallahassee State FL Zip Code 32301-1522

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

Name of Employer Florida Hospital Association Occupation VP for Strategic Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1073.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493014

Amount of Each Receipt this Period
 71.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 571.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Drew Rector

Mailing Address 6450 US Hwy 1

City Hollywood State FL Zip Code 33021

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

Name of Employer Health First, Inc. Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493015

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Mr. Kenneth P. Resmini

Mailing Address 2445 N. 37th Avenue

City Hollywood State FL Zip Code 33021-3604

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

Name of Employer Memorial Regional Hospital Occupation Director of Compliance & Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493016

Amount of Each Receipt this Period
 500.00

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

Mailing Address P O Box 6000

City Ocala State FL Zip Code 34478-6000

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

Name of Employer Munroe Regional Medical Center Occupation Vice President Strategic Planning and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493018

Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	1225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark E Robitaille
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 9010

City: Stuart State: FL Zip Code: 34995-9010

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

Name of Employer: Martin Health System Occupation: President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 1100.00

Date of Receipt: 11 / 09 / 2012
Transaction ID : 20493020

Amount of Each Receipt this Period: 100.00

B. Ms. Anne B Rose
Full Name (Last, First, Middle Initial)
Mailing Address 8250 College Parkway

City: Fort Myers State: FL Zip Code: 33919-5199

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

Name of Employer: Lee Memorial Hospital Occupation: Executive Director, Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 11 / 09 / 2012
Transaction ID : 20493022

Amount of Each Receipt this Period: 250.00

C. Mr. Frank V Sacco FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 3501 Johnson Street

City: Hollywood State: FL Zip Code: 33021-5487

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

Name of Employer: Memorial Healthcare System Occupation: President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 11 / 09 / 2012
Transaction ID : 20493023

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Patrick A Schlenker FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 889

City Chipley State FL Zip Code 32428-0889

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

Name of Employer Northwest Florida Community Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493024

Amount of Each Receipt this Period
 500.00

B. Mr. Scott M Smith
Full Name (Last, First, Middle Initial)

Mailing Address 410 South 11th Street

City Lake Wales State FL Zip Code 33853-4203

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

Name of Employer Lake Wales Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493029

Amount of Each Receipt this Period
 250.00

C. Mr. Layne Smith
Full Name (Last, First, Middle Initial)

Mailing Address 4500 San Pablo Road

City Jacksonville State FL Zip Code 32224-1865

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

Name of Employer St. Luke's Hospital Occupation Government Affairs Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493030

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 171
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Steven D Sonenreich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Alton Road
 City Miami Beach State FL Zip Code 33140-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20493032
 Amount of Each Receipt this Period
 100.00

B. Mr. Alfred G Stubblefield
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 North 'E' Street, Suite 320
 City Pensacola State FL Zip Code 32501-6377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Care Corporation Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20493033
 Amount of Each Receipt this Period
 1125.00

C. Mr. John Wilgis
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Park Lake Circle
 City Orlando State FL Zip Code 32803-3923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation Director, Emergency Mgmt. Svcs.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20493038
 Amount of Each Receipt this Period
 25.00

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 91 OF 171
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Roy Wright FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 320069

City Cocoa Beach State FL Zip Code 32932-0069

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

Name of Employer Cape Canaveral Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : 20493040

Amount of Each Receipt this Period
 1000.00

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

Mailing Address P.O. Box 2963

City Attleboro State MA Zip Code 02703-0963

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

Name of Employer Sturdy Memorial Hospital Occupation Vice President, Ambulatory & ER Servic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493042

Amount of Each Receipt this Period
 262.50

C. Mr. Michael K Lauf
Full Name (Last, First, Middle Initial)

Mailing Address 88 Lewis Bay Road

City Hyannis State MA Zip Code 02601-5210

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

Name of Employer Cape Cod Healthcare, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493043

Amount of Each Receipt this Period
 1125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2387.50

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 92 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Domenica Rush
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Ninth Avenue
 City Truth Or Consequences State NM Zip Code 87901-1961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Vista Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2012
Transaction ID : 20493045
 Amount of Each Receipt this Period 250.00

B. Mr. Anthony A Armada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 Dempster Street
 City Park Ridge State IL Zip Code 60068-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Lutheran General Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 11 / 13 / 2012
Transaction ID : 20493048
 Amount of Each Receipt this Period 800.00

C. Mr. James Dan
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 Forest Mews
 City Oak Brook State IL Zip Code 60523-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Health Care Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 13 / 2012
Transaction ID : 20493051
 Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael S Eesley
Full Name (Last, First, Middle Initial)

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : 20493053

Amount of Each Receipt this Period
1200.00

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

Mailing Address 1041 Butternut Lane

City State Zip Code
Northbrook IL 60062-3510

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

Name of Employer Occupation
Advocate Health Care Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : 20493056

Amount of Each Receipt this Period
400.00

C. Dr. William R Gorski M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Charles Street

City State Zip Code
Rockford IL 61104-2224

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

Name of Employer Occupation
SwedishAmerican Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : 20493057

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 94 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2159 W. Agatite

City Chicago State IL Zip Code 60625-1705

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

Name of Employer Advocate Health Care Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493058

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Ms. Colleen Kannaday FACHE

Mailing Address P O Box 2850

City Bloomington State IL Zip Code 61702-2850

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

Name of Employer Advocate BroMenn Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493059

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
C. Mr. James H. Kelley

Mailing Address 566 Longhill Road

City Gurnee State IL Zip Code 60031-3259

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

Name of Employer Advocate Lutheran General Hospital 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 Y Y
 11 / 13 / 2012
Transaction ID : 20493060

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Tarek Karaman

Mailing Address 6733 N. Cicero Avenue

City State Zip Code
Lincolnwood IL 60712-3302

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

Name of Employer Occupation
Advocate Health Care Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493063

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Ms. Sharon A. Otten

Mailing Address 10301 South Drake

City State Zip Code
Chicago IL 60655-2401

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

Name of Employer Occupation
Advocate Christ Medical Center Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493064

Amount of Each Receipt this Period
400.00

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

Mailing Address 1775 Dempster

City State Zip Code
Park Ridge IL 60068-1143

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

Name of Employer Occupation
Advocate Lutheran General Hospital SVP, Strategic Planning & Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493066

Amount of Each Receipt this Period
800.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2400 North Rockton Avenue

City Rockford State IL Zip Code 61103-3655

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

Name of Employer Rockford Memorial Hospital Occupation Chief Physician Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : 20493068

Amount of Each Receipt this Period
800.00

B. Mr. Henry Seybold
Full Name (Last, First, Middle Initial)

Mailing Address 2400 North Rockton Avenue

City Rockford State IL Zip Code 61103-3655

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

Name of Employer Rockford Memorial Hospital Occupation Senior Vice President and Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : 20493069

Amount of Each Receipt this Period
400.00

C. Ms, Kathie Bender-Schwich
Full Name (Last, First, Middle Initial)

Mailing Address 1409 W. Talcott Rd

City Park Ridge State IL Zip Code 60068-4559

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

Name of Employer Advocate Health Care Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : 20493073

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Terri L. Allen		Date of Receipt
Mailing Address 1151 East Warrenville Road		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Naperville	IL	60563-9339
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20493074
Name of Employer	Occupation	Amount of Each Receipt this Period
Illinois Hospital Association	Chief Financial Officer	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Michael Baiardo		Date of Receipt
Mailing Address 1151 East Warrenville Road		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Naperville	IL	60563-9339
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20493075
Name of Employer	Occupation	Amount of Each Receipt this Period
Illinois Hospital Association	Assistant Vice President	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Laacy Cortez		Date of Receipt
Mailing Address 1151 E Warrenville Rd		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Naperville	IL	60566-7015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20493077
Name of Employer	Occupation	Amount of Each Receipt this Period
Illinois Hospital Association	Director	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1250.00"/>
TOTAL 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 98 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

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

Name of Employer Occupation
Illinois Hospital Association Sr. VP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493078

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Ms. Tamara Lynn Gamrat

Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

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

Name of Employer Occupation
Illinois Hospital Association Senior Risk Management Coordination

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493079

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
C. Ms Vicki Garretson

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Director, Malpractice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493080

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1045.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Cathy N. Grossi

Mailing Address 113 S. LaGrange Road

City La Grange State IL Zip Code 60525-2457

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

Name of Employer Illinois Hospital Association Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493081

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493082

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Mr. Ed Holtzhauer

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Senior Vice President, IL Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493083

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

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

FOR LINE NUMBER: PAGE 100 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Kenneth Jay

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 13 / 2012
Transaction ID : 20493084

Amount of Each Receipt this Period
500.00

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

Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
11 / 13 / 2012
Transaction ID : 20493085

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Senior Director, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 13 / 2012
Transaction ID : 20493087

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Dianne O'Donnell
Full Name (Last, First, Middle Initial)

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Director, Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493088

Amount of Each Receipt this Period
 750.00

B. Ms. Kimberly Parker
Full Name (Last, First, Middle Initial)

Mailing Address 400 N. Capitol Street, NW Suite 585

City Washington State DC Zip Code 20001-1502

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

Name of Employer Illinois Hospital Association Occupation Vice President, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493089

Amount of Each Receipt this Period
 750.00

C. Mr. Clint Parram
Full Name (Last, First, Middle Initial)

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493090

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 171
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David Rivers
Full Name (Last, First, Middle Initial)
Mailing Address 1151 E. Warrenville Rd.
City Naperville State IL Zip Code 60563-9339
FEC ID number of contributing federal political committee. **C**
Name of Employer Illinois Hospital Association Occupation Senior Director, Data & Policy Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2012
Transaction ID : 20493092
Amount of Each Receipt this Period 50.00

B. Mr. Patrick Sonin
Full Name (Last, First, Middle Initial)
Mailing Address 1152 Alder
City Bartlett State IL Zip Code 60103-1660
FEC ID number of contributing federal political committee. **C**
Name of Employer Illinois Hospital Association Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 13 / 2012
Transaction ID : 20493093
Amount of Each Receipt this Period 300.00

C. Ms. Jo Ann Spoor
Full Name (Last, First, Middle Initial)
Mailing Address 700 South Second Street
City Springfield State IL Zip Code 62704-2516
FEC ID number of contributing federal political committee. **C**
Name of Employer Illinois Hospital Association Occupation Director, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2012
Transaction ID : 20493094
Amount of Each Receipt this Period 200.00

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 103 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1151 East Warrenville

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Director, Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493095

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Ms. Patricia Welsch

Mailing Address 1151 E. Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493097

Amount of Each Receipt this Period
40.00

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

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Assistant 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
 11 / 13 / 2012
Transaction ID : 20493098

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.00**

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 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Lori Williams

Mailing Address 1151 E Warrenville Rd

City Naperville State IL Zip Code 60563-1493

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493099

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Mr. Joe Holler

Mailing Address P O Box 3015

City Naperville State IL Zip Code 60566-7015

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493100

Amount of Each Receipt this Period
600.00

Full Name (Last, First, Middle Initial)
C. Mr. Jae Yoon

Mailing Address 1151 E Warrenville Rd

City Naperville State IL Zip Code 60566-7015

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

Name of Employer Illinois Hospital Association 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 Y Y
 11 / 13 / 2012
Transaction ID : 20493101

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Patricia Tanney		Date of Receipt
Mailing Address 1151 E Warrenville Rd		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Naperville State IL Zip Code 60563-1493		Transaction ID : 20493102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Illinois Hospital Association Occupation Senior Claims Supervisor		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Derek Robinson		Date of Receipt
Mailing Address P O Box 3015		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Naperville State IL Zip Code 60566-7015		Transaction ID : 20493103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Illinois Hospital Association Occupation Executive Director		<input type="text" value="750.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. A.J. Wilhelmi		Date of Receipt
Mailing Address 1151 East Warrenville Road		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Naperville State IL Zip Code 60563-9339		Transaction ID : 20493104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Illinois Hospital Association Occupation Senior VP, Government Relations		<input type="text" value="750.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTAL 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 106 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Dave Tupper

Mailing Address 2809 Botticelli Dr

City Henderson State NV Zip Code 89052-3109

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

Name of Employer Horizon Specialty Hospital Occupation Chief Executive Officer and Administra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 20493293

Amount of Each Receipt this Period
500.00

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

Mailing Address 4836 Twin Post RD

City Dallas State TX Zip Code 75244-6942

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

Name of Employer LHP Hospital Group Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 20493464

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Mark R Stoddard

Mailing Address 48 West 1500 North

City Nephi State UT Zip Code 84648-8900

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

Name of Employer Rural Health Group Occupation President and Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 20493636

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bill Fenske
Full Name (Last, First, Middle Initial)

Mailing Address 301 S. Oak Avenue SW

City Willamar State MN Zip Code 56201

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

Name of Employer Rice Memorial Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : 20493643

Amount of Each Receipt this Period
 62.50

B. Mr. Ken Paulus
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 43

City Minneapolis State MN Zip Code 55440-0043

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

Name of Employer Allina Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : 20493645

Amount of Each Receipt this Period
 500.00

C. Mr. William M Jennings
Full Name (Last, First, Middle Initial)

Mailing Address 337 Hill Brook Lane

City Fairfield State CT Zip Code 06824-7136

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

Name of Employer Bridgeport Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : 20493647

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1562.50

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 108 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Richard D'Aquila		Date of Receipt 11 / 21 / 2012 Transaction ID : 20493648
Mailing Address 789 Howard Avenue		Amount of Each Receipt this Period 1000.00
City New Haven	State CT	Zip Code 06519-1304
FEC ID number of contributing federal political committee. C	Name of Employer Yale New Haven Health System	Occupation Executive Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ms. Gayle Capozzalo Heil		Date of Receipt 11 / 21 / 2012 Transaction ID : 20493649
Mailing Address 789 Howard Avenue		Amount of Each Receipt this Period 500.00
City New Haven	State CT	Zip Code 06519-1304
FEC ID number of contributing federal political committee. C	Name of Employer Yale New Haven Health System	Occupation Executive Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Brian Cournoyer		Date of Receipt 11 / 21 / 2012 Transaction ID : 20493651
Mailing Address 110 Barnes Road		Amount of Each Receipt this Period 250.00
City Wallingford	State CT	Zip Code 06492-1802
FEC ID number of contributing federal political committee. C	Name of Employer Connecticut Hospital Association	Occupation Manager, Government Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 171
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One Masfield Grove Road

City East Haven State CT Zip Code 06512-4840

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

Name of Employer Connecticut Hospital Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : 20493652

Amount of Each Receipt this Period
250.00

B. Mr. Rocco Orlando III
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5037

City Hartford State CT Zip Code 06102-5037

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

Name of Employer Hartford Healthcare Occupation Senior Vice President and CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : 20493654

Amount of Each Receipt this Period
350.00

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

Mailing Address 180 Mt Pelia Road

City Martin State TN Zip Code 38237-3812

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

Name of Employer Cardinal Hill Healthcare System Occupation Interim Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : 20493662

Amount of Each Receipt this Period
205.00

SUBTOTAL of Receipts This Page (optional).....▶	805.00
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 110 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1801 Ashley Circle

City Bowling Green State KY Zip Code 42104-3362

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

Name of Employer Greenview Regional Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493664

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Ms. Allen Montgomery

Mailing Address 4007 Kresge Way

City Louisville State KY Zip Code 40207-4677

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

Name of Employer Greenview Regional Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493665

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
c. Dr. Stephen Toadvine MD

Mailing Address 1 Trillium Way

City Corbin State KY Zip Code 40701-8426

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

Name of Employer Hardin Memorial Hospital Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493666

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 111 OF 171
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kevin S Wardell
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 35070
 City State Zip Code
 Louisville KY 40232-5070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norton Hospital President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493667
 Amount of Each Receipt this Period
 375.00

B. Ms. Ruth Brinkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 E. Witherspoon #1104
 City State Zip Code
 Louisville KY 40202-6308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KentuckyOne Health President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493668
 Amount of Each Receipt this Period
 500.00

C. Mrs. Nina W Eisner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Rio Dosa Drive
 City State Zip Code
 Lexington KY 40509-9990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ridge Behavioral Health System Chief Executive Officer and Managing D
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493669
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 112 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Vicky McFall
 Full Name (Last, First, Middle Initial)
 Mailing Address 529 Capp Harlan Road
 City Tompkinsville State KY Zip Code 42167-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monroe County Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : 20493670
 Amount of Each Receipt this Period
 500.00

B. Mr. Henry Garvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Blanca Avenue
 City Alamosa State CO Zip Code 81101-2393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Luis Valley Regional Medical Cente Occupation Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 20493673
 Amount of Each Receipt this Period
 250.00

C. Mr. Kevin E Lofton FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 198 Inverness Drive West, Suite 80
 City Englewood State CO Zip Code 80112-5202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catholic Health Initiatives Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 20493678
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bradley Chambers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 Apple Croft Lane
 City State Zip Code
 Cockeysville MD 21030-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medstar Union Memorial Hospital President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20493681
 Amount of Each Receipt this Period
 340.00

B. Mr. Carl J Schindelar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Kings Arm Drive
 City State Zip Code
 Fallston MD 21047-1248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MedStar Health Executive Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20493691
 Amount of Each Receipt this Period
 340.00

C. Ms Valerie Shearer Overton
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Birch Run Road
 City State Zip Code
 Chestertown MD 21620-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maryland Hospital Association Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20493700
 Amount of Each Receipt this Period
 255.00

SUBTOTAL of Receipts This Page (optional).....▶	935.00
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 114 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Walter Jim Reiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 580 Wayward Court
 City Annapolis State MD Zip Code 21401-6746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maryland Hospital Association Occupation Senior Vice President Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20493701
 Amount of Each Receipt this Period
 255.00

B. Mr. James J Xinis
 Full Name (Last, First, Middle Initial)
 Mailing Address 8430 Meadowview Circle
 City Owings State MD Zip Code 20736-9502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Calvert Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : 20493702
 Amount of Each Receipt this Period
 340.00

C. Mr. Robert L Colones
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 100551
 City Florence State SC Zip Code 29502-0551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLeod Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493710
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1095.00
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 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Neal R. Asman

Mailing Address 1325 Spring Street

City Greenwood State SC Zip Code 29646-3875

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

Name of Employer Self Regional Healthcare Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012
Transaction ID : 20493718

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City Anderson State SC Zip Code 29621-1985

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

Name of Employer AnMed Health Medical Center Occupation Director of Urgent Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012
Transaction ID : 20493719

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Roddey E Gettys

Mailing Address P O Box 2129

City Easley State SC Zip Code 29641-2129

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

Name of Employer Baptist Easley Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012
Transaction ID : 20493720

Amount of Each Receipt this Period
240.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 990.50

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 5665 Peachtree Dunwoody Road NE

City Atlanta State GA Zip Code 30342-1701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493726

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Tim Evans

Mailing Address 235 Dry Brance Court

City Greenwood State SC Zip Code 29649-2271

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

Name of Employer Self Regional Healthcare Occupation Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493728

Amount of Each Receipt this Period
250.00

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

Mailing Address 2435 Forest Drive

City Columbia State SC Zip Code 29204-2098

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

Name of Employer Providence Hospital Occupation Director, Resources Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493729

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 117 OF 171
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. F Gregory Mappin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Spring Street
 City Greenwood State SC Zip Code 29646-3860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Occupation Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493730
 Amount of Each Receipt this Period
 250.00

B. Ms. Camie Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Ashford Place
 City Greenwood State SC Zip Code 29646-9268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Occupation Senior Vice President Operations and C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493732
 Amount of Each Receipt this Period
 500.00

C. Mr. James A Pfeiffer FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Spring Street
 City Greenwood State SC Zip Code 29646-3860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493733
 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 118 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1325 Spring Street

City Greenwood State SC Zip Code 29646-3860

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

Name of Employer Self Regional Healthcare Occupation Vice President Corporate Compliance an

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : 20493735

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Steven A Millard

Mailing Address 2268 E Shalimar Dr

City Eagle State ID Zip Code 83616-6608

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

Name of Employer Idaho Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : 20493737

Amount of Each Receipt this Period
575.00

Full Name (Last, First, Middle Initial)
C. Mr. B J Swanson

Mailing Address 1121 Lamb Road

City Troy State ID Zip Code 83871-9619

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

Name of Employer Gritman Medical Center Occupation Board Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : 20493739

Amount of Each Receipt this Period
49.50

SUBTOTAL of Receipts This Page (optional)..... ► **874.50**

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 119 OF 171
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lester K Diamond
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Avery Circle
 City Jackson State MS Zip Code 39211-2473
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493764
 Amount of Each Receipt this Period
 250.00

B. Mr. Eddie L. Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Woodgreen Crossing
 City Madison State MS Zip Code 39110-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493770
 Amount of Each Receipt this Period
 87.00

C. Mr. James L Angle FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 5596
 City Twin Falls State ID Zip Code 83303-5596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke's Jerome Family Medical Cente Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493781
 Amount of Each Receipt this Period
 37.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.50
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 120 OF 171
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Richard Grimes

Mailing Address 116 Woodgreen Crossing

City State Zip Code
Madison MS 39110-4522

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

Name of Employer Occupation
Mississippi Hospital Association Vice President- Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493782

Amount of Each Receipt this Period
 29.16

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

Mailing Address P O Box 1506

City State Zip Code
Starkville MS 39760-1506

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

Name of Employer Occupation
OCH Regional Medical Center Associate Administrator and Chief Fina

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493786

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Mr. Alvin Hoover FACHE

Mailing Address P O Box 948

City State Zip Code
Brookhaven MS 39602-0948

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

Name of Employer Occupation
King's Daughters Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493787

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 379.16

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 121 OF 171
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. William C Oliver

Mailing Address 6051 U S Highway 49

City State Zip Code
Hattiesburg MS 39401-7200

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

Name of Employer Occupation
Forrest General Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493806

Amount of Each Receipt this Period
500.00

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

Mailing Address 3706 N LaMesita Way

City State Zip Code
Boise ID 83702-1535

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

Name of Employer Occupation
Elks Rehab Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493811

Amount of Each Receipt this Period
37.50

Full Name (Last, First, Middle Initial)
C. Ms. Kara Besst

Mailing Address 650 Victoria Dr

City State Zip Code
Moscow ID 83843-7813

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

Name of Employer Occupation
Gritman Medical Center Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493812

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 612.50

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 122 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Larry Tisdale

Mailing Address 454 East Lake Creek

City Meridian State ID Zip Code 83642-4661

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

Name of Employer Idaho Hospital Association Occupation Vice President - Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.50

Date of Receipt 11 / 20 / 2012

Transaction ID : 20493813

Amount of Each Receipt this Period 43.50

Full Name (Last, First, Middle Initial)
B. Ms. Toni Lawson

Mailing Address 5023 Rivervista Way

City Boise State ID Zip Code 83714-1979

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

Name of Employer Idaho Hospital Association Occupation Vice President, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.50

Date of Receipt 11 / 20 / 2012

Transaction ID : 20493816

Amount of Each Receipt this Period 43.50

Full Name (Last, First, Middle Initial)
C. Mr. Roger J Allman

Mailing Address 510 Miles Ridge Road

City Madison State IN Zip Code 47250-2420

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

Name of Employer King's Daughters' Hospital and Health Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt 11 / 20 / 2012

Transaction ID : 20493832

Amount of Each Receipt this Period 527.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 614.00

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 123 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert Brody
Full Name (Last, First, Middle Initial)
Mailing Address 1805 Braeburn Drive
City Carmel State IN Zip Code 46032-8364
FEC ID number of contributing federal political committee. **C**
Name of Employer Franciscan St. Francis Health - Beech Occupation Regional President and Chief Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2012
Transaction ID : 20493841
Amount of Each Receipt this Period 250.00

B. Dr. James Buchanan, M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2653 County Road 60
City Auburn State IN Zip Code 46706-9511
FEC ID number of contributing federal political committee. **C**
Name of Employer Fort Wayne Medical Education Program Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2012
Transaction ID : 20493843
Amount of Each Receipt this Period 250.00

C. Mr. David Doerr
Full Name (Last, First, Middle Initial)
Mailing Address 11200 S. State Road 63
City Terre Haute State IN Zip Code 47802-9789
FEC ID number of contributing federal political committee. **C**
Name of Employer Union Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2012
Transaction ID : 20493856
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: (check only one)	PAGE 124 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Donald Edelen, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5821 Finch Meadow Lane

City West Lafayette State IN Zip Code 47906-9036

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

Name of Employer Franciscan St. Francis Health - Beech Occupation Vice President of Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2012
Transaction ID : 20493859

Amount of Each Receipt this Period 250.00

B. Mr. Thomas J Gryzbek
Full Name (Last, First, Middle Initial)

Mailing Address 1335 Capri Lane

City Dyer State IN Zip Code 46311-1324

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

Name of Employer Franciscan St. Margaret Health - Dyer Occupation Executive Vice President Chief Operati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2012
Transaction ID : 20493865

Amount of Each Receipt this Period 250.00

C. Mr. D. Keith Jewell
Full Name (Last, First, Middle Initial)

Mailing Address 14838 Sulky Way

City Carmel State IN Zip Code 46032-5172

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

Name of Employer Franciscan St. Francis Health - Moores Occupation Senior Vice President/Chief Operating

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 20 / 2012
Transaction ID : 20493873

Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6099 S. 125 W.

City State Zip Code
Trafalgar IN 46181-9105

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

Name of Employer Occupation
Franciscan Alliance Vice President Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493879

Amount of Each Receipt this Period
 125.00

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

Mailing Address 51015 Shamrock Hills Court

City State Zip Code
Granger IN 46530-7830

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

Name of Employer Occupation
Franciscan Alliance President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493881

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Mr. Paul W. Lingle

Mailing Address 801 N.A. Street

City State Zip Code
Richmond IN 47374

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

Name of Employer Occupation
Reid Hospital and Health Care Services Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493884

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 10125 Silver Lake Court

City Fort Wayne State IN Zip Code 46825-7252

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

Name of Employer Parkview Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : 20493897

Amount of Each Receipt this Period
 500.00

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

Mailing Address 10323 Highgrove Drive

City Carmel State IN Zip Code 46032

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

Name of Employer Franciscan St. Anthony Health - Crown Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : 20493902

Amount of Each Receipt this Period
 250.00

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

Mailing Address 9916 Tanglewood Court

City Munster State IN Zip Code 46321-3835

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

Name of Employer Community Hospital (Munster) Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : 20493908

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 127 OF 171
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Samuel Terese Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 115731 Robert Drive
 City Naperville State IN Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Alliance 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 Y
 11 / 20 / 2012
Transaction ID : 20493915
 Amount of Each Receipt this Period
 250.00

B. Katherine Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 10655 West 650 South
 City Columbus State IN Zip Code 47201-8476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana Hospital Association Occupation Director Performance Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493919
 Amount of Each Receipt this Period
 250.00

C. Mr. Terrance E Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5380 Gardenia Court
 City West Lafayette State IN Zip Code 47906-9070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan St. Elizabeth Health - Lafa Occupation Chief Executive Officer, Western IN Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20493924
 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**

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Fred B Hood FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 790
 City Pontotoc State MS Zip Code 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20493926
 Amount of Each Receipt this Period
 250.00

B. Mr. Patrick Charnel
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Division Street
 City Derby State CT Zip Code 06418-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Griffin Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20518033
 Amount of Each Receipt this Period
 500.00

C. Ms. Rebecca Burke RN, MS, NE
 Full Name (Last, First, Middle Initial)
 Mailing Address 46A Alfred Drown Rd
 City Barrington State RI Zip Code 02806-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Sr VP, Patient Care Services/CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20518049
 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**

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FOR LINE NUMBER: PAGE 129 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gerald J Boisvert

Mailing Address 282 Washington Street

City State Zip Code
Hartford CT 06106-3322

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

Name of Employer Occupation
Connecticut Children's Medical Center Executive Vice President and Chief Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20518066

Amount of Each Receipt this Period
350.00

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

Mailing Address 411 Old Sherman Hill Road

City State Zip Code
Woodbury CT 06798-4003

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

Name of Employer Occupation
Connecticut Hospital Association Senior Vice President, Health Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20518068

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Mr. David Sheils

Mailing Address 124 Brady Drive

City State Zip Code
Barboursville WV 25504-2220

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

Name of Employer Occupation
St. Mary's Medical Center Foundation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20529636

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR1045726227200

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation VP Research Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR1057462127200

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **309.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR1082532727200

Amount of Each Receipt this Period **40.41**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **271.23**

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 131 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.81

Date of Receipt
11 / 26 / 2012
Transaction ID : PR1113464227200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.81

Date of Receipt
11 / 26 / 2012
Transaction ID : PR1118928227200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.81

Date of Receipt
11 / 26 / 2012
Transaction ID : PR1260472927200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.23

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 132 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jack A. Mackay		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR1347703627200
Mailing Address One North Franklin		Amount of Each Receipt this Period 57.72
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

Full Name (Last, First, Middle Initial) B. Ms. Susan Gergely		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR1347791027200
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.41
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director of Operations, AONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.81	

Full Name (Last, First, Middle Initial) C. Ms. Heather Drevna		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR1348169727200
Mailing Address 3205 Ravensworth PL		Amount of Each Receipt this Period 40.41
City Alexandria	State VA	Zip Code 22302-2107
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Member Communica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.81	

SUBTOTAL of Receipts This Page (optional).....▶	138.54
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 133 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Sharon Allen
Full Name (Last, First, Middle Initial)
Mailing Address 155 North Wacker Drive
City Chicago State IL Zip Code 60606-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Membership and Marketing Manager ASHHR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **309.81**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR1474886227200
Amount of Each Receipt this Period **40.41**
P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Mark Colucci
Full Name (Last, First, Middle Initial)
Mailing Address 1061 N Penny Ln
City Palatine State IL Zip Code 60067-1821
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **442.52**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR1475133727200
Amount of Each Receipt this Period **57.72**
P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Fannie D. Wade
Full Name (Last, First, Middle Initial)
Mailing Address 7706 Heartwood Lane
City Upper Marlboro State MD Zip Code 20772-4323
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Executive Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **302.29**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR1476385727200
Amount of Each Receipt this Period **47.73**
P/R Deduction (\$15.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **145.86**
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 134 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Stephanie H. Drake		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1492459927200
Mailing Address One North Franklin		Amount of Each Receipt this Period 115.41
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Associate Executive Director - ASHHRA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	

Full Name (Last, First, Middle Initial) B. Ms. Monica D Day		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1516850627200
Mailing Address 4321 Telfair Blvd D319		Amount of Each Receipt this Period 40.41
City Suitland	State MD	Zip Code 20746-4271
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Political Affairs Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.81	

Full Name (Last, First, Middle Initial) C. Ms. Elisa Arespacochaga		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1555656227200
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.41
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Associate Director, Constituency Secti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.81	

SUBTOTAL of Receipts This Page (optional).....▶	196.23
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 135 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathy Poole
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1589439927200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Kimberly Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director Travel Meeting Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1590809127200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Robert Kehoe
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1625368327200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 121.23
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 136 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

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

Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **309.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR1648726627200

Amount of Each Receipt this Period **40.41**

P/R Deduction (\$13.47 Bi-Weekly)

B. Mr. Erik Rasmussen
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **884.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR1819487927200

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Aimee Hartlage
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **309.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR1877582327200

Amount of Each Receipt this Period **40.41**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **196.23**

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 137 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Shari Dexter		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR1878189827200
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.72
City Washington State DC Zip Code 20004-2801	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action	Aggregate Year-to-Date 442.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Evelyn Knolle		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR1913190727200
Mailing Address 325 Seventh Street, NW		Amount of Each Receipt this Period 83.34
City Washington State DC Zip Code 20004-2802	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.78 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR	Aggregate Year-to-Date 416.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Janet Henderson		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR1937843127200
Mailing Address 155 North Wacker Drive		Amount of Each Receipt this Period 62.52
City Chicago State IL Zip Code 60606-1709	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.84 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations	Aggregate Year-to-Date 437.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	203.58
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 139 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Debra J. Stock		Date of Receipt 11 / 26 / 2012 Transaction ID : PR32777827200
Mailing Address 1022 S. Harvey Avenue		Amount of Each Receipt this Period 115.41
City Oak Park	State IL	Zip Code 60304-2132
FEC ID number of contributing federal political committee. C	Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Neil J. Jesuele		Date of Receipt 11 / 26 / 2012 Transaction ID : PR327801727200
Mailing Address 1003 Kimberly Place		Amount of Each Receipt this Period 57.72
City Great Falls	State VA	Zip Code 22066-1546
FEC ID number of contributing federal political committee. C	Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Pamela Austin Thompson RN, MSN		Date of Receipt 11 / 26 / 2012 Transaction ID : PR327812027200
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 115.41
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C	Name of Employer American Hospital Association-Washingt	Occupation Chief Executive Officer, AONE & Sr. Vi
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	288.54
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 140 OF 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Joan H. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

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

Name of Employer Occupation
American Hospital Association-Washingt Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
11 / 26 / 2012
Transaction ID : PR327831727200

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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 Occupation
American Hospital Association-Chicago Vice President, Meetings & Travel Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
11 / 26 / 2012
Transaction ID : PR327846227200

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Ellen A. Pryga
Full Name (Last, First, Middle Initial)

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
11 / 26 / 2012
Transaction ID : PR327851927200

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	173.16
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 141 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR327858027200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. John F. Barry
 Full Name (Last, First, Middle Initial)
 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 ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR327877827200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 North Garland Court
 #3002
 City Chicago State IL Zip Code 60602-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR327895727200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	346.23
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 142 OF 171
	<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. Ms. Eileen M. Collins Offner
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director Policy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR327906127200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Judy Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director Membership
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR327918927200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328132827200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 196.23
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 143 OF 171
	<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. Ms. Barbara Lorschach
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 7th Ave
 City La Grange State IL Zip Code 60525-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328136927200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328223827200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 874.20

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328241427200
 Amount of Each Receipt this Period 125.88
 P/R Deduction (\$41.96 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	356.70
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: (check only one)	PAGE 144 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328260927200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Carla L. Luggiero
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.49

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328490127200
 Amount of Each Receipt this Period 28.89
 P/R Deduction (\$9.63 Bi-Weekly)

C. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City Yardley State PA Zip Code 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR328511827200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 259.71
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 145 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City State Zip Code
 Arlington VA 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Senior Vice President, Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR328512027200
 Amount of Each Receipt this Period
 141.00
 P/R Deduction (\$47.00 Bi-Weekly)

B. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City State Zip Code
 Chicago IL 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Director, Health Data Managemen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 442.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR328641127200
 Amount of Each Receipt this Period
 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Anthony J. Burke
 Full Name (Last, First, Middle Initial)
 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 Occupation
 American Hospital Association-Chicago President & CEO, AHA Solutions, Inc. &
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 884.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR328913327200
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	314.13
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 147 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 884.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR329215727200
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. John Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR329342627200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

C. Ms. Audrey L. Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 W. Farwell Ave.
 City Chicago State IL Zip Code 60626-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.81

Date of Receipt 11 / 26 / 2012
Transaction ID : PR329654227200
 Amount of Each Receipt this Period 40.41
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	196.23
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 148 OF 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **442.52**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR330343327200
 Amount of Each Receipt this Period **57.72**
 P/R Deduction (\$19.24 Bi-Weekly)

B. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **874.20**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR330411627200
 Amount of Each Receipt this Period **125.88**
 P/R Deduction (\$41.96 Bi-Weekly)

C. Ms. Maureen D. Mudron
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **309.81**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR330465227200
 Amount of Each Receipt this Period **40.41**
 P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	224.01
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 149 OF 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Paul N. Muraca		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR330475427200
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 115.41
City Apple Valley	State MN	Zip Code 55124-9229
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	

Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR330547727200
Mailing Address One North Franklin		Amount of Each Receipt this Period 57.72
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : PR330549227200
Mailing Address 172 Atteridge		Amount of Each Receipt this Period 115.41
City Lake Forest	State IL	Zip Code 60045-1715
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	

SUBTOTAL of Receipts This Page (optional).....	288.54
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 150 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony Spohn
Full Name (Last, First, Middle Initial)

Mailing Address 3219 N. Oriole

City Chicago State IL Zip Code 60634-3232

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Membersh

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt
11 / 26 / 2012
Transaction ID : PR331098327200

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Debi H. Tucker Esq.
Full Name (Last, First, Middle Initial)

Mailing Address 1101 N. Kentucky Street

City Arlington State VA Zip Code 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 ▼ **441.06**

Date of Receipt
11 / 26 / 2012
Transaction ID : PR331278827200

Amount of Each Receipt this Period
59.16

P/R Deduction (\$19.72 Bi-Weekly)

C. Ms. Darlene S. Vanderbush
Full Name (Last, First, Middle Initial)

Mailing Address 26 West Glendale Ave.

City Alexandria State VA Zip Code 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 ▼ **884.81**

Date of Receipt
11 / 26 / 2012
Transaction ID : PR331304227200

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **232.29**

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 151 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Jo Ann Webb
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.81

Date of Receipt
11 / 26 / 2012
Transaction ID : PR331379127200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

B. Ms. Judy Weinsheimer
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.81

Date of Receipt
11 / 26 / 2012
Transaction ID : PR331386927200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

C. Mr. Dale Woodin
Full Name (Last, First, Middle Initial)

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.81

Date of Receipt
11 / 26 / 2012
Transaction ID : PR331481327200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.23

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 152 OF 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Elizabeth Summy		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address One North Franklin		Transaction ID : PR346168127200
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.41
Name of Employer American Hospital Association-Chicago	Occupation Vice President, PMG	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	

Full Name (Last, First, Middle Initial) B. Ms. Megan Cundari		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR518031927200
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.41
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.81	

Full Name (Last, First, Middle Initial) C. Ms. Laura M. Werner		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR560101527200
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.72
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Political Affairs	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

SUBTOTAL of Receipts This Page (optional).....▶	288.54
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 153 OF 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Carlos Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

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

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR566280927200

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Ashley B. Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **661.13**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR766023727200

Amount of Each Receipt this Period **88.95**

P/R Deduction (\$29.65 Bi-Weekly)

C. Ms. Rochelle M. Archuleta
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **309.81**

Date of Receipt **11 / 26 / 2012**

Transaction ID : PR801366327200

Amount of Each Receipt this Period **40.41**

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **187.08**

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

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

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

FOR LINE NUMBER: PAGE 154 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Lisa Kidder Hrobsky

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, Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR876637227200

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City Spotsylvania State VA Zip Code 22551-4670

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

Name of Employer American Hospital Association-Washingt Occupation Director Communication Strategies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **309.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR928186527200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

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

Mailing Address One N. Franklin Street

City Chicago State IL Zip Code 60606

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director Quality Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **309.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2012

Transaction ID : PR939603927200

Amount of Each Receipt this Period
40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **138.54**

TOTAL This Period (last page this line number only)..... ▶ **139821.49**

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

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

FOR LINE NUMBER: PAGE 155 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. OhioHealth Star PAC

Mailing Address 180 E Broad Street

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00210617

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 20492165

Amount of Each Receipt this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)
B. LifePoint Hospitals Good Government Fund

Mailing Address 103 Powell Court
Suite 200

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C** C00347955

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 20519650

Amount of Each Receipt this Period
175.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	675.00

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

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

FOR LINE NUMBER: PAGE 156 OF 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2779.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 20493715

Amount of Each Receipt this Period
174.64

Interest Earned

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	174.64
TOTAL This Period (last page this line number only).....▶	174.64

**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 157 OF 171
<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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Bill Owens For Congress		Date of Receipt
Mailing Address PO Box 1575		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Plattsburgh NY 12901		Transaction ID : 20476978
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00464495"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer	Occupation	Refund of Misdeposited 10/12 Check to Nita Lowey for Congress
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Tim Bishop For Congress		Date of Receipt
Mailing Address PO Box 437		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City State Zip Code Farmingville NY 11738		Transaction ID : 20490659
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00375618"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer	Occupation	Refund
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code		Amount of Each Receipt this Period <input type="text"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text"/>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2000.00"/>

**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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20493742

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20493743

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20493744

Amount of Each Disbursement this Period

Merchant Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Al Green For Congress

Mailing Address Post Office Box 20174

City Houston State TX Zip Code 77225

Purpose of Disbursement
Contribution

Candidate Name

Rep. Al Green

Office Sought: House
 Senate
 President
State: TX District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 20480599

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lofgren For Congress

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Zoe Lofgren

Office Sought: House
 Senate
 President
State: CA District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 20480600

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement
Contribution

Candidate Name

Rep. Glenn W. Thompson

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 20480603

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Pat Meehan For Congress		Date of Disbursement MM / DD / YYYY 10 / 24 / 2012	
Mailing Address 50 S. Providence Road		Transaction ID : 20480605 Amount of Each Disbursement this Period 1000.00 Contribution	
City Media	State PA		Zip Code 19063
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name Rep. Patrick L. Meehan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Marino For Congress		Date of Disbursement MM / DD / YYYY 10 / 24 / 2012	
Mailing Address PO Box 653		Transaction ID : 20480608 Amount of Each Disbursement this Period 2000.00 Contribution	
City Williamsport	State PA		Zip Code 17703
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name Rep. Tom Marino	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mike Kelly For Congress		Date of Disbursement MM / DD / YYYY 10 / 24 / 2012	
Mailing Address PO Box 476		Transaction ID : 20480609 Amount of Each Disbursement this Period 3000.00 Contribution	
City Lyndora	State PA		Zip Code 16045
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name Rep. Mike Kelly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael F. Doyle

Office Sought: House
 Senate
 President
State: PA District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : 20480610

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charles W. Dent

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : 20480616

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Critz For Congress Committee

Mailing Address 647 Main Street
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mark S. Critz

Office Sought: House
 Senate
 President
State: PA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : 20480617

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cartwright For Congress

Mailing Address 672 N River Street Suite 310

City Plains State PA Zip Code 18705

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Mr. Matthew Cartwright

Office Sought: House
 Senate
 President
State: PA District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20480618

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Bob Brady For Congress

Mailing Address 12518 Chilton Road

City Philadelphia State PA Zip Code 19154

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Robert A. Brady

Office Sought: House
 Senate
 President
State: PA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20480620

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Lou Barletta For Congress

Mailing Address P.O. Box 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Lou Barletta

Office Sought: House
 Senate
 President
State: PA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20480626

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Casey for Senate Committee

Mailing Address 30 South 15th Street
Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

Candidate Name

Sen. Bob Casey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : 20480627

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Taj For Congress

Mailing Address PO Box 871807

City Canton State MI Zip Code 48187

Purpose of Disbursement
Contribution

Candidate Name

Mr. Syed Taj

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : 20480628

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Napolitano For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name

Rep. Grace F. Napolitano

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : 20480629

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nunes For Congress

Mailing Address PO Box 891

City Pixley State CA Zip Code 93256

Purpose of Disbursement
Contribution

Candidate Name

Rep. Devin Nunes

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20480630

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Issa For Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
Contribution

Candidate Name

Rep. Darrell E. Issa

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20480632

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris Van Hollen

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20480633

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy J. Ryan

Office Sought: House
 Senate
 President
State: OH District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20480634

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gwendolynne Moore

Office Sought: House
 Senate
 President
State: WI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20480635

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. A Whole Lot Of People For Grijalva Congressional C

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement
Contribution

Candidate Name

Rep. Raul M. Grijalva

Office Sought: House
 Senate
 President
State: AZ District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 20480928

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Eliot L. Engel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : 20480972

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City State Zip Code
Lexington KY 40508

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Benjamin Chandler

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : 20480973

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Strickland For Congress 2012

Mailing Address 603 E Alton Ave Ste H

City State Zip Code
Santa Ana CA 92705

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Anthony Strickland

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : 20480974

Amount of Each Disbursement this Period

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nita Lowey For Congress

Mailing Address PO Box 271

City State Zip Code
White Plains NY 10605

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Nita M. Lowey

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 20480975

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City State Zip Code
Springfield MO 65804

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Billy Long

Office Sought: House
 Senate
 President
State: MO District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20480976

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City State Zip Code
Kansas City MO 64108

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Samuel B. Graves Jr.

Office Sought: House
 Senate
 President
State: MO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20480977

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Team Emerson For Jo Ann Emerson

Mailing Address P.O. Box 822
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Jo Ann Emerson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20480978

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Patriots For Perry

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. Scott Perry

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : 20480980

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McNerney For Congress

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Jerry McNerney

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : 20480982

Amount of Each Disbursement this Period

3000.00

Contribution

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jeff Duncan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : 20480983

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Rep. Kay Granger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : 20481737

Amount of Each Disbursement this Period

2000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Paul Cook For Congress

Mailing Address PO Box 365

City Yucca Valley State CA Zip Code 92286

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Paul Cook

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : 20481738

Amount of Each Disbursement this Period

3000.00

Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

Transaction ID : 20484890

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 479

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John B. Larson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

Transaction ID : 20484893

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mary Landrieu Inc

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Sen. Mary L. Landrieu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

Transaction ID : 20484894

Amount of Each Disbursement this Period

2000.00

2014 Contribution

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

5000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany, Jr. MD For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2012

Mailing Address PO Box 80126

Transaction ID : 20492173

City Lafayette State LA Zip Code 70598

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Runoff2012

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

5000.00

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

76000.00
