

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Hospital Association PAC

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

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period 08 01 2010 through 08 31 2010

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 09 20 2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2190847.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2159097.65									
(c) Total Receipts (from Line 19)	130019.54	1134001.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2289117.19	3324848.28								
7. Total Disbursements (from Line 31)	148999.80	1184730.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2140117.39	2140117.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	58292.47	443503.48
(ii) Unitemized	43050.21	194611.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	101342.68	638115.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101342.68	638115.14
12. Transfers From Affiliated/Other Party Committees	28482.61	466732.61
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	12750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	194.25	1765.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	130019.54	1134001.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	130019.54	1134001.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	199.80	11857.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	199.80	11857.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	148450.00	920875.31
24. Independent Expenditure (use Schedule E)	0.00	251455.54
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	350.00	350.00
(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))	350.00	350.00
29. Other Disbursements.....	0.00	192.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	148999.80	1184730.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148999.80	1184730.89

DETAILED SUMMARY PAGE
of Disbursements

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)	101342.68	638115.14
34. Total Contribution Refunds (from Line 28(d))	350.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100992.68	637765.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	199.80	11857.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	199.80	-2780.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Niti Armistead, M.D.

Mailing Address 106 Summit Overlook Drive

City State Zip Code
Morgantown WV 26508-2552

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

Name of Employer
West Virginia University Hospitals

Occupation
VP Quality and Patient Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 18475695

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1431 Mayfield Road

City State Zip Code
Morgantown WV 26505-5809

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

Name of Employer
West Virginia University Hospitals

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 18475699

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 678 Colonial Dr.

City State Zip Code
Morgantown WV 26505-2423

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

Name of Employer
West Virginia University Hospitals

Occupation
VP Planning & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 18478618

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 7 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 149 Marpel Drive

City Heaters State WV Zip Code 26627-8201

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

Name of Employer Braxton County Memorial Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2010
Transaction ID: 18478622
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Jeanette G Clough

Mailing Address 234 Cuseway St #1213

City Boston State MA Zip Code 02114-2147

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

Name of Employer Mount Auburn Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2010
Transaction ID: 18480625
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jay M. Baumgartner

Mailing Address 111 Woodlawn Dr.

City Warsaw State IN Zip Code 46580-4750

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

Name of Employer Otis R. Bowen Center for Human Service Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2010
Transaction ID: 18481820
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 106
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 12431 Vanburen Street

City State Zip Code
East Chicago IN 46307

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

Name of Employer Occupation
St. Catherine Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 18481823

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kyle De Fur, , FACHE

Mailing Address P O Box 40970

City State Zip Code
Indianapolis IN 46240-0970

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

Name of Employer Occupation
St. Vincent Indianapolis Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 18481832

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Blake A Dye

Mailing Address 2805 W. CR 250 S.

City State Zip Code
New Castle IN 47362

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

Name of Employer Occupation
Henry County Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 18481837

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 9 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Katherine Humphreys

Mailing Address 502 N. Ironwood Drive

City State Zip Code
South Bend IN 46615-3206

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

Name of Employer St. Vincent Health Occupation SVP Advocacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 03 / 2010
Transaction ID: 18481851
Amount of Each Receipt this Period: 500.00

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

Mailing Address 6603 Robin Hood Drive

City State Zip Code
Indianapolis IN 46227-7312

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

Name of Employer St. Anthony Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 03 / 2010
Transaction ID: 18481870
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Schroyer

Mailing Address 9063 Pebblepointe Circle

City State Zip Code
Zionsville IN 46077-8992

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

Name of Employer St. Vincent Heart Center of Indiana Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 03 / 2010
Transaction ID: 18481873
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 10 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Paul L Usher		Date of Receipt MM / DD / YYYY 08 / 03 / 2010		
	Mailing Address 637 Laura Lane		Transaction ID: 18481882		
	City Sweetser	State IN	Zip Code 46987	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Marion General 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 ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mr. Terrance E Wilson		Date of Receipt MM / DD / YYYY 08 / 03 / 2010		
	Mailing Address 5380 Gardenia Court		Transaction ID: 18481887		
	City West Lafayette	State IN	Zip Code 47906-9070	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SSFHS - St. Elizabeth Regional 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 ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 900 Potomac Street		Transaction ID: 18485963		
	City Aurora	State CO	Zip Code 80011-6716	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Spalding Rehabilitation 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 ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. 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
New Jersey Hospital Association

Occupation
Sr. VP., Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.94

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 18487670

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Mr. David P Tilton

Mailing Address 624 Park Place

City State Zip Code
Galloway NJ 08205-6014

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

Name of Employer
AtlantiCare

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 18487692

Amount of Each Receipt this Period
500.00

C.

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

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
Missouri Hospital Association

Occupation
Sr. Vice President, Governmental Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2010

Transaction ID: 18495135

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► **567.50**

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 12 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Joseph Reichman	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 26 Eastwich Drive	Transaction ID: 18500448
	City State Zip Code Gibbsboro NJ 08026-1219	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Meridian Health Occupation Chief Management Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00

B.	Full Name (Last, First, Middle Initial) Mr. Dewey Davis	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 1923 South Utica Avenue	Transaction ID: 18500462
	City State Zip Code Tulsa OK 74104-6502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. John Medical Center Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Ms. Cynthia Duncan	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 1115 East Jasmine	Transaction ID: 18500463
	City State Zip Code Frederick OK 73542-4020	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Hospital and Physician Group Occupation Director, Human Resources 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)	▶	675.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 319 East Josephine

City State Zip Code
Frederick OK 73542-2220

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

Name of Employer Occupation
Memorial Hospital and Physician Group Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18500475

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2600 Greenwood Road

City State Zip Code
Shreveport LA 71130-2600

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

Name of Employer Occupation
Willis-Knighton Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508803

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508804

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1401 Foucher Street

City State Zip Code
New Orleans LA 70115-3515

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

Name of Employer Occupation
Touro Infirmary Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508805

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen F Wright

Mailing Address One St Mary Place

City State Zip Code
Shreveport LA 71101-4399

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

Name of Employer Occupation
CHRISTUS Schumpert Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508806

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Dolores LeJeune

Mailing Address 1125 West Highway 30

City State Zip Code
Gonzales LA 70737-5004

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

Name of Employer Occupation
St. Elizabeth Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508807

Amount of Each Receipt this Period
475.00

SUBTOTAL of Receipts This Page (optional) ► **1475.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 106

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William F Barrow, II

Mailing Address P O Box 4027

City State Zip Code
Lafayette LA 70502-4027

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

Name of Employer Occupation
Our Lady of Lourdes Regional Medical C President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 18508808

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott Boudreaux

Mailing Address 500 Rue de Sante

City State Zip Code
La Place LA 70068-5418

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

Name of Employer Occupation
River Parishes Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 18508809

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James E Cathey, Jr.

Mailing Address P O Box 2668

City State Zip Code
Hammond LA 70404-2668

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

Name of Employer Occupation
North Oaks Medical Center President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 18508810

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 16 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Tim Coffey

Mailing Address 3920 St Philippe Dr

City State Zip Code
Lake Charles LA 70605

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

Name of Employer Occupation
Lake Charles Memorial Hospital Senior Vice President Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508811

Amount of Each Receipt this Period
250.00

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

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hospital VP of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508812

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Todd Eppler

Mailing Address 2001 Doctors Drive

City State Zip Code
Springhill LA 71075-4526

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

Name of Employer Occupation
Springhill Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2010

Transaction ID: 18508845

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 17 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 524 South Ryan Street

City State Zip Code
Lake Charles LA 70601-5725

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

Name of Employer
St. Patrick's Psychiatric Hospital

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Transaction ID: 18508846

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Patrick J Quinlan, , M.D.

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

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

Name of Employer
Ochsner Health System

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Transaction ID: 18508847

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1701 Oak Park Blvd

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer
Lake Charles Memorial Hos-
pital

Occupation
Vice President, Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

Transaction ID: 18508848

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) ▶

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

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

FOR LINE NUMBER: PAGE 18 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Kevin Mocklin, MD

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hos- Medical Staff President
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2010

Transaction ID: 18508849

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
Ms. Donna Shields

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hos- VP Patient Care
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2010

Transaction ID: 18508851

Amount of Each Receipt this Period
225.00

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

Mailing Address P O Drawer 'M'

City State Zip Code
Lake Charles LA 70602

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

Name of Employer Occupation
Lake Charles Memorial Hos- Vice President Operations
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2010

Transaction ID: 18508852

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► 675.00

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 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Charles P Whitson, , CPA

Mailing Address P O Drawer 'M'

City State Zip Code
Lake Charles LA 70602

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

Name of Employer Occupation
Lake Charles Memorial Hos- Vice President Finance
pital

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 18508853

Amount of Each Receipt this Period
225.00

B.

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

Mailing Address 11208 Knolls End

City State Zip Code
Spotsylvania VA 22551-8920

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

Name of Employer Occupation
Mary Washington Healthcare Senior VP Marketing and Communications

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: 18518086

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 459 Locust Avenue

City State Zip Code
Charlottesville VA 22902-4808

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

Name of Employer Occupation
Martha Jefferson Hospital President and Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: 18518088

Amount of Each Receipt this Period
287.50

SUBTOTAL of Receipts This Page (optional) ► **862.50**

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 20 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 705 Wild Cherry Court

City State Zip Code
Chesapeake VA 23322-7734

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

Name of Employer Occupation
Sentara Norfolk General Hospital Director

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: 18518109

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Anthony Nader

Mailing Address 13311 Ivakota Farm Rd

City State Zip Code
Clifton VA 20124-1542

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

Name of Employer Occupation
Inova Health System Trustee

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: 18518112

Amount of Each Receipt this Period

350.00

C.

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

Mailing Address 10175 Belvoir Drive

City State Zip Code
Fort Belvoir VA 22060-2119

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

Name of Employer Occupation
Inova Health System Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: 18518113

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 21 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2420 West 26th Ave, Ste 100-D

City State Zip Code
Denver CO 80211-5302

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

Name of Employer Occupation
Exempla Healthcare, Inc. President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 18518146

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Diane Swagger, RN

Mailing Address 1338 Phay Avenue

City State Zip Code
Canon City CO 81212-2302

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

Name of Employer Occupation
St. Thomas More Hospital President and CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 530.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 18518147

Amount of Each Receipt this Period

530.00

C.

Full Name (Last, First, Middle Initial)
Mr. Mitchell C Carson

Mailing Address P O Box 1659

City State Zip Code
Longmont CO 80502-1659

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

Name of Employer Occupation
Longmont United 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
0 8 / 0 5 / 2 0 1 0

Transaction ID: 18518150

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rulon F Stacey

Mailing Address 2315 East Harmony Road

City State Zip Code
Fort Collins CO 80528-8620

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

Name of Employer Poudre Valley Health System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	0

Transaction ID: 18518155

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Russ Branzell

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 Poudre Valley Health System
Occupation Vice President Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	0

Transaction ID: 18518156

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven J. Summer

Mailing Address 7335 East Orchard Road
Suite 100

City State Zip Code
Greenwood Village CO 80111-2582

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	0

Transaction ID: 18518157

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 23 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Karl B Gills	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 1024 Central Park Drive	Transaction ID: 18518164
	City State Zip Code Steamboat Springs CO 80487-8813	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Yampa Valley Medical Center Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael L. Fordyce	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 3425 South Clarkson Street	Transaction ID: 18518167
	City State Zip Code Englewood CO 80113-2811	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Craig Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Donna Gray, RN	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 2324 Locklin Land	Transaction ID: 18518200
	City State Zip Code West Bloomfield MI 48324-3750	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Mary Mercy Hospital VP of Nursing, Chief Nursing Officer	
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)	▶	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 24 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 4563 Kenicott Trail

City Brighton State MI Zip Code 48114-9038

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

Name of Employer St. Mary Mercy Hospital Occupation VP of Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 18518201

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 36475 West Five Mile Road

City Livonia State MI Zip Code 48154-1988

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

Name of Employer St. Mary Mercy Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 18518204

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Timothy F. Gens

Mailing Address 5 New England Executive Park

City Burlington State MA Zip Code 01803-5010

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

Name of Employer Massachusetts Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 06 / 2010

Transaction ID: 18518238

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: (check only one)	PAGE 25 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Jeffrey S Drop	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 4816 Amber Valley Parkway	Transaction ID: 18518259
	City State Zip Code Fargo ND 58104-8404	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Catholic Health Initiatives Occupation: SVP Division Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Kevin M. Pitzer	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 4187 Houkom Court	Transaction ID: 18518261
	City State Zip Code Fargo ND 58104-6002	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Innovis Health Occupation: Chief Administrative Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Sheila Daly	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 201 Highland Street	Transaction ID: 18518274
	City State Zip Code Clinton MA 01510-1096	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Clinton 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 ▼ 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 26 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard T Palmisano, II, R.N.

Mailing Address 71 Hospital Avenue

City State Zip Code
North Adams MA 01247-2504

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

Name of Employer
North Adams Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 18518278

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 4399 Nob Hill Road

City State Zip Code
Sunrise FL 33351-5813

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

Name of Employer
HEALTHSOUTH Sunrise Rehabilitation Hos

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 18518282

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Donald R. Avery, FACHE

Mailing Address 458 Fairfield Drive

City State Zip Code
Dublin GA 31021-3879

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

Name of Employer
Fairview Park Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522412

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Oliver J Booker

Mailing Address P O Box 860

City State Zip Code
Madison GA 30650-0860

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

Name of Employer Occupation
Morgan Memorial Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522422

Amount of Each Receipt this Period
250.00

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

Mailing Address 1710 Briarcliff Circle

City State Zip Code
Dalton GA 30720-5169

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

Name of Employer Occupation
Hamilton Medical Center Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522436

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gerald N. Fuls

Mailing Address 1514 Vernon Road

City State Zip Code
Lagrange GA 30240-4131

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

Name of Employer Occupation
West Georgia Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522464

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George L Heck, III

Mailing Address P O Box 1287

City State Zip Code
Douglas GA 31534-1287

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

Name of Employer Occupation
Coffee Regional Medical Center President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 1 0

Transaction ID: 18522470

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric P. Norwood

Mailing Address 2701 North Decatur Road

City State Zip Code
Decatur GA 30033-5918

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 1 0

Transaction ID: 18522527

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Diane J. Patrick

Mailing Address 901 East 18th Street

City State Zip Code
Tifton GA 31794-3648

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

Name of Employer Occupation
Tift Regional Medical Center Vice President, Patient Care Services

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 1 0

Transaction ID: 18522536

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 29 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3949 South Cobb Drive SE

City State Zip Code
Smyrna GA 30080-6342

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

Name of Employer Emory-Adventist Hospital Occupation President/CEO

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	0

Transaction ID: 18522545

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr. William T. Richardson

Mailing Address Drawer 747

City State Zip Code
Tifton GA 31793-0747

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

Name of Employer Tift Regional Medical Center Occupation President and Chief Executive Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	0

Transaction ID: 18522547

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Kim Sharkey

Mailing Address 5665 Peachtree Dunwoody Road

City State Zip Code
Atlanta GA 30342-1701

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

Name of Employer Saint Joseph's Hospital of Atlanta Occupation RN/Division Director

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	0

Transaction ID: 18522554

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: PAGE 30 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2716 Wynnton Drive

City State Zip Code
Duluth GA 30097-3706

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

Name of Employer Occupation
Gwinnett Medical Center 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
08 / 11 / 2010

Transaction ID: 18522587

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Steven A Rose, R.N.

Mailing Address 801 Middleford Road

City State Zip Code
Seaford DE 19973-3636

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2010

Transaction ID: 18522610

Amount of Each Receipt this Period

385.00

C.

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

Mailing Address 258 Evergreen Road #4

City State Zip Code
Lake Oswego OR 97034-3145

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

Name of Employer Occupation
Oregon Association of Hospitals & Health Director of Advocacy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 175.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2010

Transaction ID: 18522681

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 900 11th Street SE

City State Zip Code
Bandon OR 97411-9114

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

Name of Employer Southern Coos Hospital and Health Cent
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522693

Amount of Each Receipt this Period
220.00

B.

Full Name (Last, First, Middle Initial)
Mr. Winford Howard

Mailing Address 1131 Michael Lane

City State Zip Code
Eagle Point OR 97524-9509

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

Name of Employer Asante Health System
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522694

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Mr. Andy Van Pelt

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City State Zip Code
Lake Oswego OR 97035-5545

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

Name of Employer Oregon Association of Hospitals & Heal
Occupation Director of Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522695

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **685.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Duane Francis

Mailing Address 1700 East 19th Street

City State Zip Code
The Dalles OR 97058-3317

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

Name of Employer Occupation
Mid-Columbia Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.50

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522696

Amount of Each Receipt this Period
247.50

B. Full Name (Last, First, Middle Initial)
Ms. Cynthia M. Grueber

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code
Portland OR 97239-3011

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

Name of Employer Occupation
OHSU Hospital Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522697

Amount of Each Receipt this Period
250.00

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

Mailing Address 9670 SE 257 Ave

City State Zip Code
Damascus OR 97089-6353

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

Name of Employer Occupation
Adventist Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522698

Amount of Each Receipt this Period
270.00

SUBTOTAL of Receipts This Page (optional) ► **767.50**

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 33 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 18839 Roundtree

City State Zip Code
Oregon City OR 97045-3920

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

Name of Employer
Oregon Association of Hospitals & Health Care

Occupation
Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522699

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 258 Evergreen Road #4

City State Zip Code
Lake Oswego OR 97034-3145

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

Name of Employer
Oregon Association of Hospitals & Health Care

Occupation
Director of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
478.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522700

Amount of Each Receipt this Period
303.00

C.

Full Name (Last, First, Middle Initial)
Mr. Norman F Gruber

Mailing Address P O Box 14001

City State Zip Code
Salem OR 97309-5014

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

Name of Employer
Salem Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522701

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► **928.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City Lake Oswego State OR Zip Code 97035-5545

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

Name of Employer Oregon Association of Hospitals & Health Care
Occupation Director of Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 18522702
Amount of Each Receipt this Period 466.00

B. Full Name (Last, First, Middle Initial)
Mr. David T Underriner

Mailing Address 2690 Surrey Lane

City West Linn State OR Zip Code 97068-2268

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

Name of Employer Providence Milwaukie Hospital
Occupation Interim Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 484.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 18522705
Amount of Each Receipt this Period 484.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda Lang

Mailing Address 4000 Kruse Way Place #2-100

City Lake Oswego State OR Zip Code 97035-2543

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

Name of Employer Oregon Association of Hospitals & Health Care
Occupation Director of Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 18522706
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2865 Daggett Avenue

City State Zip Code
Klamath Falls OR 97601-1106

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

Name of Employer Occupation
Sky Lakes 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
08 / 11 / 2010

Transaction ID: 18522707

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roy G Vinyard, FACHE

Mailing Address 2650 Siskiyou Blvd, Suite 200

City State Zip Code
Medford OR 97504-8170

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

Name of Employer Occupation
Asante Health System 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
08 / 11 / 2010

Transaction ID: 18522708

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Andrew S. Davidson

Mailing Address 2123 Ridgebrook Drive

City State Zip Code
West Linn OR 97068-1943

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

Name of Employer Occupation
Oregon Association of Hospitals & Health President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 535.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2010

Transaction ID: 18522709

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)

1535.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 200 N Westlake Blvd

City State Zip Code
Westlake Village CA 91362-3755

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

Name of Employer Occupation
Chivaroli and Associates President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 567.50

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 18522710

Amount of Each Receipt this Period
567.50

B.

Full Name (Last, First, Middle Initial)
Ms. Myra L. Evans

Mailing Address 16603 R Avenue

City State Zip Code
Tarkio MO 64491-9280

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

Name of Employer Occupation
Community Hospital - Fair-fax Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 18523098

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gerard J. Grimaldi

Mailing Address 12206 Washington Court

City State Zip Code
Kansas City MO 64145-1761

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

Name of Employer Occupation
Truman Medical Centers VP, Health Policy & Governmental Relat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 18524743

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1117.50**

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 37 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 7900 Lee's Summit Road

City State Zip Code
Kansas City MO 64139-1236

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

Name of Employer Occupation
Truman Medical Centers President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 18524744

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Catherine D. Disch

Mailing Address 190 Pointe Drive

City State Zip Code
Kansas City MO 64116-4615

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

Name of Employer Occupation
Truman Medical Center-Hospital Hill Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: 18524745

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Ravi N. Mathur

Mailing Address 648 Lancaster Street

City State Zip Code
Fredericksburg VA 22405-2446

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

Name of Employer Occupation
Mary Washington Hospital Comptroller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 18524881

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dorka M. Picard, MHA, FACHE

Mailing Address 2300 Opitz Boulevard

City State Zip Code
Woodbridge VA 22191-3311

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

Name of Employer Occupation
Sentara Potomac Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 18524884

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 243.36

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 18543104

Amount of Each Receipt this Period
25.42

C. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 18543159

Amount of Each Receipt this Period
256.25

SUBTOTAL of Receipts This Page (optional) ► **631.67**

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

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

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

FOR LINE NUMBER: PAGE 39 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Terri Spence

Mailing Address 4720 Skip Jack CT

City State Zip Code
Virginia Beach VA 23464-6309

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

Name of Employer Occupation
Bon Secours Hampton Rd Director Information Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2010

Transaction ID: 18543164

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Fredrick Slunecka

Mailing Address P O Box 5045

City State Zip Code
Sioux Falls SD 57117-5045

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

Name of Employer Occupation
Avera McKennan Hospital and University Regional 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
08 / 24 / 2010

Transaction ID: 18543427

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kelby K Krabbenhoft

Mailing Address P O Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

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

Name of Employer Occupation
Sanford Health 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
08 / 24 / 2010

Transaction ID: 18543541

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas E Bentz

Mailing Address 100 Seneca Valley

City State Zip Code
Sissonville WV 25320-9781

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

Name of Employer Occupation
Roane General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543931

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 125 Water Side Circle

City State Zip Code
Winfield WV 25213-9551

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

Name of Employer Occupation
St. Mary's Medical Center Senior VP & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543937

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 7 Stoney Point

City State Zip Code
Charleston WV 25309-9370

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543943

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address P O Box 720

City State Zip Code
Ripley WV 25271-0720

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

Name of Employer Occupation
Jackson General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543944

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1160 Van Voorhis Road

City State Zip Code
Morgantown WV 26505-3435

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

Name of Employer Occupation
HEALTHSOUTH MountainView Regional Reha Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543946

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Sue E Johnson-Phillippe

Mailing Address 1 Amalia 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
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543953

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel Lauffer, FACHE

Mailing Address 1039 Pendleton Place

City State Zip Code
Hurricane WV 25526-9484

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

Name of Employer Occupation
Saint Francis Hospital Executive VP & COO/Thomas Health System

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18543963

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard L. Miller

Mailing Address #4 Stony Point Road

City State Zip Code
Charleston WV 25314-1670

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

Name of Employer Occupation
West Virginia Hospital Association Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18544113

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Howard Neiberg, M.D.

Mailing Address 1388 National Road Apt. #3

City State Zip Code
Wheeling WV 26003-5715

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

Name of Employer Occupation
Reynolds Memorial Hospital Director, Radiology Department

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18544114

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 43 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address P.O. Box 413

City State Zip Code
Ghent WV 25843-0413

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

Name of Employer Occupation
Raleigh General Hospital Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18544351

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 14 Fairway Drive

City State Zip Code
Huntington WV 25705-2149

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

Name of Employer Occupation
St. Mary's Medical Center Vice President, Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18544354

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard G Bennett, M.D.

Mailing Address 1000 Poplar Hill Road

City State Zip Code
Baltimore MD 21210-1224

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

Name of Employer Occupation
Johns Hopkins Bayview Medical Center Executive Vice President, Chief Operat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18545329

Amount of Each Receipt this Period
510.00

SUBTOTAL of Receipts This Page (optional) ► **1260.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Catherine M. Crowley

Mailing Address 2100 Poplar Ridge Road

City State Zip Code
Pasadena MD 21122-3820

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

Name of Employer Maryland Hospital Association Occupation Assistant Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 18545333
Amount of Each Receipt this Period: 255.00

B. Full Name (Last, First, Middle Initial)
Ms. Beverly L. Miller

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6234

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

Name of Employer Maryland Hospital Association Occupation V.P., Professional Activities

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 18545344
Amount of Each Receipt this Period: 255.00

C. Full Name (Last, First, Middle Initial)
Ms. Christine R Wray

Mailing Address P O Box 527

City State Zip Code
Leonardtown MD 20650-0527

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 18545375
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► 1260.00

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 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Myra L. Evans

Mailing Address 16603 R Avenue

City Tarkio State MO Zip Code 64491-9280

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

Name of Employer Community Hospital - Fairfax Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 18545411

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Matthew J Perry

Mailing Address 1771 Longhill Dr

City Zanesville State OH Zip Code 43701-1406

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

Name of Employer Genesis HealthCare System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2010

Transaction ID: 18553476

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth W Leisher

Mailing Address 1024 Central Park Dr.

City Steamboat Springs State CO Zip Code 80487-8813

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

Name of Employer Heart of the Rockies Regional Medical Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2010

Transaction ID: 18555716

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 46 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1000 West 8th Avenue

City State Zip Code
Yuma CO 80759-2641

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

Name of Employer Occupation
Yuma District Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: 18555769

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Michelle L Joy

Mailing Address 615 Fairhurst Street

City State Zip Code
Sterling CO 80751-4523

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

Name of Employer Occupation
Sterling Regional MedCenter Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: 18555808

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City State Zip Code
Oak Park IL 60302-2189

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

Name of Employer Occupation
Illinois Hospital Association Vice President, Communications

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 18556940

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Joanne Fenton, , FACHE

Mailing Address 111 Spring Street

City State Zip Code
Streator IL 61364-3332

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 18556943

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Maureen A Kahn

Mailing Address P O Box 7005

City State Zip Code
Quincy IL 62305-7005

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

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 18556952

Amount of Each Receipt this Period
250.00

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

Mailing Address 4001 Stoneledge Court

City State Zip Code
Godfrey IL 62035-1160

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 18556953

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 48 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City State Zip Code
Maryville IL 62062-8500

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

Name of Employer Occupation
Anderson 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
0 8 / 2 3 / 2 0 1 0

Transaction ID: 18556956

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Russo

Mailing Address 1706 Seminole Lane

City State Zip Code
Godfrey IL 62035-1500

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 18556958

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Harry Wolin

Mailing Address P O Box 530

City State Zip Code
Havana IL 62644-0530

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

Name of Employer Occupation
Mason District Hospital Administrator and Chief Executive Offi

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 18556960

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 49 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel J Woods

Mailing Address 503 North Maple Street

City State Zip Code
Effingham IL 62401-2006

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

Name of Employer
St. Anthony's Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 18556961

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Edward B. Anderson

Mailing Address 100 East LeFevre Road

City State Zip Code
Sterling IL 61081-1347

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

Name of Employer
CGH Medical Center

Occupation
Director Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 18556962

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address P O Box 188

City State Zip Code
Westbrook MN 56183-0188

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

Name of Employer
Sanford Tracy Medical Center

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.50

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 18557060

Amount of Each Receipt this Period
215.38

SUBTOTAL of Receipts This Page (optional) ► **965.38**

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: PAGE 50 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ross Matlack

Mailing Address 323 South Minnesota Street

City State Zip Code
Crookston MN 56716-1601

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

Name of Employer Occupation
RiverView Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 18557713

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry Carroll

Mailing Address 2450 Riverside Avenue

City State Zip Code
Minneapolis MN 55454-1450

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

Name of Employer Occupation
Fairview Health Services Chief Information Officer & V.P. Trans

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	0

Transaction ID: 18557833

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael D Hedrix

Mailing Address 109 Court Avenue South

City State Zip Code
Sandstone MN 55072-5120

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

Name of Employer Occupation
Essentia Community Hospitals and Clini Senior Vice President Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	0

Transaction ID: 18557835

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 51 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms Cindy Morrison

Mailing Address 2009 East Edgewood Road

City State Zip Code
Sioux Falls SD 57103-4607

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

Name of Employer Occupation
Sanford Health Senior Vice President for Public Polic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 18557839

Amount of Each Receipt this Period
250.00

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

Mailing Address 6500 Excelsior Boulevard

City State Zip Code
Minneapolis MN 55426-4702

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 18558511

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Ms. Victoria Alexander-Lane

Mailing Address 447 North Main Street

City State Zip Code
Pittsfield ME 04967-3707

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

Name of Employer Occupation
Sebastcook Valley Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 18558732

Amount of Each Receipt this Period
500.00

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 52 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Linda U Jordan
Mailing Address 37 McDaniel Rd
City Cragford State AL Zip Code 36255-6502
FEC ID number of contributing federal political committee. **C**
Name of Employer Clay County Hospital Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 31 / 2010
Transaction ID: 18558763
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary R Gore
Mailing Address 877 Browns Creek Rd
City Guntersville State AL Zip Code 35976-5766
FEC ID number of contributing federal political committee. **C**
Name of Employer Marshall County Health Care Authority Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 31 / 2010
Transaction ID: 18558764
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Clark P Christianson
Mailing Address 6762 Stoneridge Ct.
City Mobile State AL Zip Code 36695-3061
FEC ID number of contributing federal political committee. **C**
Name of Employer Providence Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 31 / 2010
Transaction ID: 18558765
Amount of Each Receipt this Period 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. William Michael Warren, Jr.

Mailing Address 5206 Mountain Ridge Parkway

City Birmingham State AL Zip Code 35222-4143

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

Name of Employer Children's Hospital of Alabama, The
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 18558766
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 8107 Henslow Court

City Montgomery State AL Zip Code 36117-7475

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

Name of Employer Alabama Hospital Association
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2010
Transaction ID: 18558768
Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address 570 Chautauqua Boulevard

City Valley City State ND Zip Code 58072-3145

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

Name of Employer Mercy Hospital
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 30 / 2010
Transaction ID: 18559190
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 837 Mackall Drive

City State Zip Code
McLean VA 22101-1615

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

Name of Employer Inova Health System Occupation Manager & Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 18559660

Amount of Each Receipt this Period
350.00

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

Mailing Address 11409 North Club Drive

City State Zip Code
Fredericksburg VA 22408-2064

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

Name of Employer Mary Washington Healthcare Occupation Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 18559701

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Natalie Kaszubowski

Mailing Address 300 East 40th Street

City State Zip Code
Norfolk VA 23504-1010

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

Name of Employer Sentara Healthcare Occupation Vice President Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 18559703

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 55 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Scott A Miller

Mailing Address 1521 Sea Breeze Tr

City State Zip Code
Virginia Beach VA 23452-4742

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

Name of Employer Occupation
Sentara Healthcare Vice President Medical Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: 18559715

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Christopher O'Brien

Mailing Address 204 Kent Oaks Mews

City State Zip Code
Gaithersburg MD 20878-5723

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Vice President, Physician Services

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: 18559716

Amount of Each Receipt this Period

350.00

C.

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

Mailing Address 100 Fauquier St. Apt. A

City State Zip Code
Fredericksburg VA 22401-3770

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

Name of Employer Occupation
Stafford Hospital Administrative Director

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2010

Transaction ID: 18559721

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 56 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. James Swisher	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 62210 North Danford St	Transaction ID: 18559722
	City State Zip Code Fredericksburg VA	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mary Washington Hospital Vice President Support Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Ms. Kathryn Wall	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 11513 Kingswood Blvd.	Transaction ID: 18559723
	City State Zip Code Fredericksburg VA 22408-1882	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mary Washington Healthcare Executive Vice President Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr Paul Osborne	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 316 South Coconut Palm Boulevard	Transaction ID: 18570968
	City State Zip Code Tavernier FL 33070-2251	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bon Secours-Richmond Community Hospital Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 57 / 106

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 506A East Howell Avenue

City State Zip Code
Alexandria VA 22301-1216

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

Name of Employer American Hospital Association-Washingt
Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1034595124100

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1045726224100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 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 ▼ 529.38

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1057462124100

Amount of Each Receipt this Period
117.64

P/R Deduction (\$58.82 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

237.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 106
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1082532724100

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1113464224100

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1260472924100

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 84.00

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 59 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1660 Lanier PL Apt. 309	Transaction ID: PR1300853724100
	City State Zip Code Washington DC 20009-2939	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Specialist: AHAPAC and Grassroots Advo	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

B.	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin Street Suite 32139	Transaction ID: PR1302378924100
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

C.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Baskett	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW	Transaction ID: PR1332167424100
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 31.82
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Policy	P/R Deduction (\$15.91 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.74	

SUBTOTAL of Receipts This Page (optional)	125.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR1347703424100

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR1347703624100

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Director of Operations, AONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR1347791024100

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **108.00**

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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John Slotman	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1384065324100
	City Washington State DC Zip Code 20004-2802	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Sharon Allen	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1474886224100
	City Chicago State IL Zip Code 60606-1709	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Membership and Marketing Manager ASHHR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$17.50 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Mark Colucci	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1061 N Penny Ln	Transaction ID: PR1475133724100
	City Palatine State IL Zip Code 60067-1821	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 62 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Executive Director - ASHHRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1492459924100
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City State Zip Code
Largo MD 20774-1210

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

Name of Employer American Hospital Association-Washingt
Occupation Political Affairs Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1516850624100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Elisa Arespachaga

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Director, Constituency Secti

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1555656224100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 96.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1555656524100
	City Washington State DC Zip Code 20004-2802	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Asst. Director Advocacy & Member Commu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Kathy Poole	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1589439924100
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Robert Kehoe	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1625368324100
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 33.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.71	P/R Deduction (\$16.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	89.34
TOTAL This Period (last page this line 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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kelly Redmond	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1625588824100
	City State Zip Code Chicago IL 60606-1709	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

B.	Full Name (Last, First, Middle Initial) Mr. Stephen Hines	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1648726624100
	City State Zip Code Chicago IL 60606-1709	Amount of Each Receipt this Period 33.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.67 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation VP, Research HRET	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.71	

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1671258624100
	City State Zip Code Washington DC 20004-2801	Amount of Each Receipt this Period 90.90
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.45 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.30	

SUBTOTAL of Receipts This Page (optional)	152.24
TOTAL This Period (last page this line 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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Robert P David	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1677512424100
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 90.90
	FEC ID number of contributing federal political committee. C	
	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 ▼ 636.30	P/R Deduction (\$45.45 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327629124100
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 11004 Petersborough Drive	Transaction ID: PR327745924100
	City State Zip Code Rockville MD 20852-3249	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	250.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 60068-3227

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR327771624100
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Director, Long-Term Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR327777224100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
Oak Park IL 60304-2132

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR327777824100
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 148.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR327801724100

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR327812024100

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Joan H. Lewis

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 American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR327831724100

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin Street	Transaction ID: PR327846224100
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2401 Calvert Street, NW Apt. 1008	Transaction ID: PR327851924100
	City State Zip Code Washington DC 20008-2614	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858024100
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 106
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 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 ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR327877824100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

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

Mailing Address 130 North Garland Court #3002

City State Zip Code
Chicago IL 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 ▼ 640.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR327895724100

Amount of Each Receipt this Period
90.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR327906124100

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **198.00**

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 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Director Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: PR327918924100

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: PR328132824100

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 204 7th Ave

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: PR328136924100

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 188.00

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 / 106
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Executive Director, SHSMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR328174924100

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City State Zip Code
Chicago IL 60640-1318

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR328223824100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR328241424100

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **148.00**

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 72 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR328260924100
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR328341824100
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 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 ▼ 680.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR328511824100
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1501 N. Harrison Street	Transaction ID: PR328512024100
	City State Zip Code Arlington VA 22205-2726	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. George Arges	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin St.	Transaction ID: PR328641124100
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Senior Director, Health Data Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin Ave.	Transaction ID: PR328913324100
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation President & CEO, AHA Solutions, Inc. & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	160.00
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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin Street	Transaction ID: PR329013424100
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation SPSA Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address One North Franklin	Transaction ID: PR329071324100
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR329084424100
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	160.00
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 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR329215724100
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR329342624100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City State Zip Code
Chicago IL 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 ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR329654224100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 136.00

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 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR330343324100
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR330411624100
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR330465224100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 108.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 106

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR330475424100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR330534324100

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR330547724100

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

160.00

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 / 106
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR330549224100
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 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 ▼ 340.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR331098324100
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

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

Name of Employer American Hospital Association-Washingt
Occupation Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR331278824100
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 148.00

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 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 573.31

Date of Receipt 08 / 31 / 2010
Transaction ID: PR331304224100
 Amount of Each Receipt this Period 106.66
 P/R Deduction (\$53.33 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR331379124100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR331386924100
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 162.66

TOTAL This Period (last page this line 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 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City State Zip Code
Austin TX 78761-5587

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

Name of Employer American Hospital Association-Chicago
Occupation AHA Regional Executive for TX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR331416024100

Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Woodin Dale

Mailing Address 800 W. Central Road

City State Zip Code
Arlington Heights IL 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 ▼ 238.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR331481324100

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code
Falls Church VA 22046-2613

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

Name of Employer American Hospital Association-Washingt
Occupation Vice President, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR331533224100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **228.00**

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 / 106
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, PMG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR346168124100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR517619724100

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR518031924100

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 220.00

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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Laura M. Werner		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR560101524100
	City Washington	State DC	Zip Code 20004-2818
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Association-Washingt	Occupation Project Manager	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00		

B.	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW		Transaction ID: PR566280924100
	City Washington	State DC	Zip Code 20004-2802
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Federal Relations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

C.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 606 S. Royal St.		Transaction ID: PR766023724100
	City Alexandria	State VA	Zip Code 22314-4142
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt	Occupation Director, Policy	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional)	▶	108.00
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 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR801366324100
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR876637224100
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 10702 Benning Way	Transaction ID: PR928186524100
	City Spotsylvania State VA Zip Code 22551-4670	Amount of Each Receipt this Period 31.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director Communication Strategies Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.74	P/R Deduction (\$15.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	99.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 84 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR936292324100

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

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

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Executive Director Quality Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: PR939603924100

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	56.00
TOTAL This Period (last page this line number only)	▶	58292.47

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

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

FOR LINE NUMBER: PAGE 85 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)
Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	0

Transaction ID: 18487612
 Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC
Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6832.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	0

Transaction ID: 18543829
 Amount of Each Receipt this Period
1482.61

C. Full Name (Last, First, Middle Initial)
Texas Hospital Association HOSPAC - Federal
Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
61800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: 18551175
 Amount of Each Receipt this Period
17000.00

SUBTOTAL of Receipts This Page (optional) ► **28482.61**

TOTAL This Period (last page this line number only) ► **28482.61**

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

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

FOR LINE NUMBER: PAGE 86 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1765.81

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2010

Transaction ID: 18561701

Amount of Each Receipt this Period
194.25

Interest Earned

SUBTOTAL of Receipts This Page (optional)	▶	194.25
TOTAL This Period (last page this line number only)	▶	194.25

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Fund for America's Future Mailing Address PO Box 1371 City Columbia State SC Zip Code 29202 Purpose of Disbursement 2010 Contribution Candidate Name Fund for America's Future Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18478465 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 5000.00 011 Category/ Type 2010 Contribution
B.	Full Name (Last, First, Middle Initial) Preserving America's Traditions PAC (PATPAC) Mailing Address 228 South Washington Street Suite B-20 City Washington State DC Zip Code 22314 Purpose of Disbursement 2010 Contribution Candidate Name Preserving America's Traditions PAC (PATPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18478466 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 5000.00 011 Category/ Type 2010 Contribution
C.	Full Name (Last, First, Middle Initial) Alamo PAC Mailing Address 919 Congress Ave. Suite 1400 City Austin State TX Zip Code 78701 Purpose of Disbursement 2010 Contribution Candidate Name Alamo PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18478467 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 3500.00 011 Category/ Type 2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

13500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) TENN PAC	Transaction ID: 18478468 Date of Disbursement 08 / 03 / 2010
	Mailing Address 228 S. Washington Street Suite 115	Amount of Each Disbursement this Period 3000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement 2010 Contribution Candidate Name TENN PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

B.	Full Name (Last, First, Middle Initial) KPAC	Transaction ID: 18478469 Date of Disbursement 08 / 03 / 2010
	Mailing Address Post Office Box 820365	Amount of Each Disbursement this Period 5000.00
	City Dallas State TX Zip Code 75382	
	Purpose of Disbursement 2010 Contribution Candidate Name KPAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

C.	Full Name (Last, First, Middle Initial) Making Business Excel PAC	Transaction ID: 18478470 Date of Disbursement 08 / 03 / 2010
	Mailing Address P.O. Box 3241	Amount of Each Disbursement this Period 5000.00
	City Cheyenne State WY Zip Code 82003	
	Purpose of Disbursement 2010 Contribution Candidate Name Making Business Excel PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

SUBTOTAL of Disbursements This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
TAC PAC (Truth, Accountability, and Courage PAC)

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

2010 Contribution

Candidate Name
TAC PAC (Truth, Accountability, and Courage PAC)

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18478471

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Contribution

B. Full Name (Last, First, Middle Initial)
Freedom Fund

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

2010 Contribution

Candidate Name
Freedom Fund

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18478472

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Contribution

C. Full Name (Last, First, Middle Initial)
21st Century Majority Fund

Mailing Address 6065 Roswell Road
Box 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

2010 Contribution

Candidate Name
21st Century Majority Fund

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18478473

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

5000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Denali Leadership PAC</p> <p>Mailing Address 16158 Essex Park Dr.</p> <p>City Anchorage State AK Zip Code 99516</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Denali Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18478475</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tallatchee Creek PAC</p> <p>Mailing Address 3343 Allendale Place</p> <p>City Montgomery State AL Zip Code 36111</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Tallatchee Creek PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18478476</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Defend America PAC</p> <p>Mailing Address PO Box 2626</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Defend America PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18478477</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>

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

<p>A. Full Name (Last, First, Middle Initial) Republican Majority Fund</p> <p>Mailing Address P.O. Box 1550</p> <p>City Ponca City State OK Zip Code 74602</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Republican Majority Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18478478 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Responsibility and Freedom Work PAC</p> <p>Mailing Address PO Box 196</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Responsibility and Freedom Work PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18478479 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Rock City PAC</p> <p>Mailing Address 1015 Stonebridge Park Drive</p> <p>City Franklin State TN Zip Code 37069</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Rock City PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18478480 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 106

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Wyoming Values PAC	Transaction ID: 18478481 Date of Disbursement 08 / 03 / 2010
	Mailing Address 901 N. Washington Street Suite 102	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement 2010 Contribution Candidate Name Wyoming Values PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Mike Lee Inc	Transaction ID: 18478482 Date of Disbursement 08 / 03 / 2010
	Mailing Address 190 West 800 North Ste 100	Amount of Each Disbursement this Period 2000.00
	City Provo State UT Zip Code 84601	
	Purpose of Disbursement Contribution Candidate Name Mr. Mike Lee	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Moran For Kansas	Transaction ID: 18478483 Date of Disbursement 08 / 03 / 2010
	Mailing Address P.O. Box 1151	Amount of Each Disbursement this Period 5000.00
	City Hays State KS Zip Code 67601	
	Purpose of Disbursement Contribution Candidate Name Rep. Jerry Moran	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Coburn For Senate Committee

Transaction ID: 18478484

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Mailing Address 3300 W Okmulgee St
PO Box 977

Amount of Each Disbursement this Period

2000.00

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Sen. Thomas Coburn

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

State: OK District:

B.

Full Name (Last, First, Middle Initial)
Lisa Murkowski For U.S. Senate

Transaction ID: 18478485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Mailing Address PO Box 100847

Amount of Each Disbursement this Period

1000.00

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Sen. Lisa Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

State: AK District:

C.

Full Name (Last, First, Middle Initial)
Hoeven For Senate

Transaction ID: 18478486

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Mailing Address PO Box 15114

Amount of Each Disbursement this Period

3000.00

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mr. John Hoeven

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

State: ND District:

SUBTOTAL of Disbursements This Page (optional)

6000.00

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

A. Full Name (Last, First, Middle Initial)
Nebraska Leadership PAC (NELPAC)

Mailing Address P.O. Box 540186

City Omaha State NE Zip Code 68154

Purpose of Disbursement
2010 Contribution

Candidate Name
Nebraska Leadership PAC (NELPAC)

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 18485929
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

2010 Contribution

B. Full Name (Last, First, Middle Initial)
Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: LA District: 07

Transaction ID: 18485933
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: LA District: 07

Transaction ID: 18485934
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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

A.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18485935 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0	
		Amount of Each Disbursement this Period 5000.00	Contribution
B.	Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City La Crosse State WI Zip Code 54601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18485936 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0	
		Amount of Each Disbursement this Period 2500.00	Contribution
C.	Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City White Plains State NY Zip Code 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18505562 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0	
		Amount of Each Disbursement this Period 2500.00	Contribution

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address P. O. Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael R. Pence</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18505568</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lipinski For Congress</p> <p>Mailing Address P.O. Box 2884</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel William Lipinski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18505573</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer</p> <p>Mailing Address PO Box 411176</p> <p>City Los Angeles State CA Zip Code 90041</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18505579</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Citizens For Rush</p> <p>Mailing Address P. O. Box 7292</p> <p>City Chicago State IL Zip Code 60680</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Bobby Lee Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 01</p>	<p>Transaction ID: 18509412 Date of Disbursement: 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 08</p>	<p>Transaction ID: 18509415 Date of Disbursement: 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Tonko For Congress</p> <p>Mailing Address 911 Central Avenue PO Box 221</p> <p>City Albany State NY Zip Code 12206</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Paul David Tonko</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 21</p>	<p>Transaction ID: 18509424 Date of Disbursement: 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Forbes For Congress</p> <p>Mailing Address PO Box 15100</p> <p>City Chesapeake State VA Zip Code 23328</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. J. Randy Forbes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18509427</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	7		2	0	1	0													
500.00																						
<p>B. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18509432</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	7		2	0	1	0													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress</p> <p>Mailing Address P. O. Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Sanford D. Bishop, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18509437</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	7		2	0	1	0													
1000.00																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<table border="1"> <tr> <td style="text-align: center;">4000.00</td> </tr> </table>	4000.00
4000.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles A. Gonzalez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 20

Transaction ID: 18509439
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ike Skelton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 04

Transaction ID: 18509440
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lucille Roybal-Allard

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 34

Transaction ID: 18509441
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Jim Costa For Congress</p> <p>Mailing Address 2037 W Bullard Avenue # 355</p> <p>City Fresno State CA Zip Code 93711</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. James Costa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18509442 Date of Disbursement: 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18509443 Date of Disbursement: 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Joe Baca</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Joseph Baca Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18509446 Date of Disbursement: 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 18549058</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">15000.00</p> <p>2010 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Green Mountain PAC</p> <p>Mailing Address PO Box 1142</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Green Mountain PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 18553444</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">1000.00</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz</p> <p>Mailing Address 315 Westfield Circle</p> <p>City Alpine State UT Zip Code 84004</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jason Chaffetz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: UT District: 03</p>	<p>Transaction ID: 18553451</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">250.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	16250.00
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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Butterfield For Congress</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. George K. Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18553462 Date of Disbursement: 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Larry Kissell For Congress</p> <p>Mailing Address PO Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18553479 Date of Disbursement: 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Larry Kissell For Congress</p> <p>Mailing Address PO Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18553480 Date of Disbursement: 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Congressional Trust 2010	Transaction ID: 18553489 Date of Disbursement 08 / 24 / 2010
	Mailing Address 228 South Washington Street Suite 115	Amount of Each Disbursement this Period 15000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement 2010 Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

B.	Full Name (Last, First, Middle Initial) Meeks For Congress	Transaction ID: 18563809 Date of Disbursement 08 / 31 / 2010
	Mailing Address 153-01 Jamaica Avenue Suite 535	Amount of Each Disbursement this Period -1000.00
	City Jamaica State NY Zip Code 11432	
	Purpose of Disbursement Void of 7/19/2010 Contribution	011 Category/ Type
	Candidate Name Rep. Gregory W. Meeks	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 7/19/2010 Contrib- ution

C.	Full Name (Last, First, Middle Initial) Lisa Murkowski For U.S. Senate	Transaction ID: 18564697 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO Box 100847	Amount of Each Disbursement this Period 1000.00
	City Anchorage State AK Zip Code 99510	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Sen. Lisa Murkowski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	148450.00

**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)

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<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Paul Osborne

Transaction ID: 18509409

Date of Disbursement

Mailing Address 316 South Coconut Palm Boulevard

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	0

City State Zip Code
Tavernier FL 33070-2251

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Refund

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Refund

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

350.00

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

350.00

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18561247 Date of Disbursement: 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/Type</p> <p>Merchant Fees</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18561336 Date of Disbursement: 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 11.38</p> <p>001 Category/Type</p> <p>Merchant Fees</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 1601 Elm Street</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18561421 Date of Disbursement: 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 87.40</p> <p>001 Category/Type</p> <p>Merchant Fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

103.73

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: 18561520 Date of Disbursement MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 14221 Dallas Parkway Building Two	Amount of Each Disbursement this Period 72.95
	City Dallas State TX Zip Code 75254	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.	Transaction ID: 18561617 Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 1400 G Street, NW	Amount of Each Disbursement this Period 23.12
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

SUBTOTAL of Disbursements This Page (optional)	▶	96.07
TOTAL This Period (last page this line number only)	▶	199.80