

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2009 through 07 31 2009

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 05 07 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1339674.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1433996.50									
(c) Total Receipts (from Line 19)	174102.78	841029.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1608099.28	2180703.90								
7. Total Disbursements (from Line 31)	48135.54	620740.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1559963.74	1559963.74								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	65564.14	348579.71
(ii) Unitemized	39379.06	133770.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	104943.20	482349.91
(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)	104943.20	482349.91
12. Transfers From Affiliated/Other Party Committees	68960.00	334610.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	199.58	2069.93
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))	174102.78	841029.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	174102.78	841029.84

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.....	543.85	4698.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	543.85	4698.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47041.69	615491.69
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	550.00	550.00
(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))	550.00	550.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48135.54	620740.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48135.54	620740.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	104943.20	482349.91
34. Total Contribution Refunds (from Line 28(d))	550.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104393.20	481799.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	543.85	4698.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	543.85	4698.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 100
(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. Dennis E Klima

Mailing Address 640 South State Street

City State Zip Code
Dover DE 19901-3597

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: 17324218

Amount of Each Receipt this Period
800.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stanley K Hammack

Mailing Address 2451 Filligim Street

City State Zip Code
Mobile AL 36617-2238

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

Name of Employer Occupation
University of South Alabama Hospitals Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2009

Transaction ID: 17324240

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Fred J. Lucky

Mailing Address 14607 W 89

City State Zip Code
Lenexa KS 66215-2967

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

Name of Employer Occupation
Kansas Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.26

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: 17327188

Amount of Each Receipt this Period
141.36

SUBTOTAL of Receipts This Page (optional) ► **1941.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 100
	<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. Andrew Patterson	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 80 Highland Street	Transaction ID: 17327337
	City State Zip Code Laconia NH 03246-3235	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LRGhealthcare Director, Contracting & Corp. Compliar	
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. Thomas E Wilhelmsen, , Jr.	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address P O Box 2014	Transaction ID: 17327338
	City State Zip Code Nashua NH 03061-2014	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Southern New Hampshire Medical Center President and Chief Executive Officer	
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. Thomas Clairmont	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 80 Highland Street	Transaction ID: 17327340
	City State Zip Code Laconia NH 03246-3235	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lakes Region General Hospital President	
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)	1350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 100
	<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 E. Gibbons		Date of Receipt
	Mailing Address 101 Arch Street Suite 1741		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boston	MA	02110-1109
	FEC ID number of contributing federal political committee. C		Transaction ID: 17327341
Name of Employer Massachusetts Hospital Association		Occupation Sr. Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Steven J. Summer		Date of Receipt
	Mailing Address 7335 East Orchard Road Suite 100		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Greenwood Village	CO	80111-2582
	FEC ID number of contributing federal political committee. C		Transaction ID: 17327342
Name of Employer Colorado Hospital Association		Occupation President & Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Mr. Douglas F Dean, Jr.		Date of Receipt
	Mailing Address One Elliot Way		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Manchester	NH	03103-3599
	FEC ID number of contributing federal political committee. C		Transaction ID: 17327946
Name of Employer Elliot Hospital		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 100
(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. Arthur W Nichols

Mailing Address 580 Court Street

City Keene State NH Zip Code 03431-1718

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2009
Transaction ID: 17327947
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Michelle McEwen

Mailing Address 16 Hospital Road

City Plymouth State NH Zip Code 03264-1126

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2009
Transaction ID: 17327948
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Warren K West

Mailing Address 600 Saint Johnsbury Road

City Littleton State NH Zip Code 03561-3442

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

Name of Employer Littleton Regional Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2009
Transaction ID: 17327950
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 100
(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. Peter B Davis

Mailing Address 172 Kinsley Street

City State Zip Code
Nashua NH 03060-3648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2009

Transaction ID: 17327951

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1437 Crestwood Drive

City State Zip Code
Joplin MO 64801-1039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 17336144

Amount of Each Receipt this Period
1200.00

C.

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

Mailing Address 1219 Wildbar Drive

City State Zip Code
Liberty MO 64068-4005

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

Name of Employer Liberty Hospital Occupation Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 17336161

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

TOTAL This Period (last page this line 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 / 100
(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. Joseph W. Crossett

Mailing Address 411 Glendale

City State Zip Code
Liberty MO 64068-2811

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

Name of Employer Occupation
Liberty Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2009

Transaction ID: 17336162

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Penny Brooke

Mailing Address 2879 Jennie Lane

City State Zip Code
Salt Lake City UT 84117-5513

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

Name of Employer Occupation
Intermountain Healthcare, Inc. Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2009

Transaction ID: 17339958

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Matthew D Bailey, , FACHE

Mailing Address 665 Ironwood Drive

City State Zip Code
Avon IN 46123-9458

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

Name of Employer Occupation
Clarian West Medical Center Hospital President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: 17344097

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 100
(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)
Mike Packnett

Mailing Address 10125 Silver Lake Ct.

City State Zip Code
Fort Wayne IN 46825-7252

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

Name of Employer Parkview Health Occupation Hospital President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	9

Transaction ID: 17344106

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City State Zip Code
Greenwood IN 46143-9255

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

Name of Employer Indiana Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	9

Transaction ID: 17344108

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Lowell C. Kruse

Mailing Address 7300 SE 75th Road

City State Zip Code
Saint Joseph MO 64507-8073

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

Name of Employer Heartland Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: 17346132

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 100
(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. Bob Garrison

Mailing Address 206 Walnut Street

City Doniphan State MO Zip Code 63935-1706

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

Name of Employer Ripley County Memorial Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 17346133

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Francis M Saba

Mailing Address 14 Prospect Street

City Milford State MA Zip Code 01757-3090

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

Name of Employer Milford Regional Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 17346165

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Francis M Saba

Mailing Address 14 Prospect Street

City Milford State MA Zip Code 01757-3090

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

Name of Employer Milford Regional Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 17346166

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 100
(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 David E Storto

Mailing Address 357 Caterina Hts.

City State Zip Code
Concord MA 01742-4750

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

Name of Employer Occupation
Spaulding Rehabilitation Hospital President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17346992

Amount of Each Receipt this Period

350.00

B.

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

Mailing Address 2 Abenaki Road

City State Zip Code
Northborough MA 01532-2433

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

Name of Employer Occupation
UMass Memorial-Marlborough Hospital President & CEO

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17346994

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 1350 N 80th St

City State Zip Code
Lincoln NE 68505-2091

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

Name of Employer Occupation
Nebraska Hospital Association Vice President, Advocacy

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17346995

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 100

(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. Beth Berry

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer Occupation
Tennessee Hospital Association Sr. Vice President, Government Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347007

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Martha O'Regan Chill

Mailing Address 10820 Parkside Drive

City State Zip Code
Knoxville TN 37934-1956

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

Name of Employer Occupation
Wellmont Holston Valley Medical Center Vice President-Operations

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347018

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Chris Clarke

Mailing Address 500 Interstate Blvd. South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer Occupation
Tennessee Hospital Association Senior Vice President, Center for Pati

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347021

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 16 / 100

(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. Joseph M Dawson

Mailing Address 907 East Lamar Alexander Pkwy

City State Zip Code
Maryville TN 37804-5016

FEC ID number of contributing federal political committee. C

Name of Employer Blount Memorial Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347026

Amount of Each Receipt this Period 1000.00

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

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 Tennessee Hospital Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347028

Amount of Each Receipt this Period 250.00

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

Mailing Address P O Box 1030

City State Zip Code
Paris TN 38242-1030

FEC ID number of contributing federal political committee. C

Name of Employer Henry County Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347033

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 100
(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. James L. Goodloe

Mailing Address 500 Interstate Blvd. South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer Tennessee Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347034

Amount of Each Receipt this Period 500.00

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

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer Tennessee Hospital Association Occupation Executive Vice President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347037

Amount of Each Receipt this Period 500.00

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

Mailing Address 500 Interstate Blvd., South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer Tennessee Hospital Association Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347042

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 18 / 100
(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 P Main

Mailing Address One Siskin Plaza

City State Zip Code
Chattanooga TN 37403-1306

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

Name of Employer Occupation
Siskin Hospital for Physical Rehabilitation President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347044

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Janice M. McKinley, RN, FACHE

Mailing Address 939 Vista Oaks Lane

City State Zip Code
Knoxville TN 37919-4445

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

Name of Employer Occupation
Parkwest Medical Center Vice President & Chief Nursing Officer

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347046

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1224 Trotwood Avenue

City State Zip Code
Columbia TN 38401-4802

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

Name of Employer Occupation
Maury Regional 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
07 / 10 / 2009

Transaction ID: 17347049

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 100
	<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 Brad H Price

Mailing Address 1 Medical Park Boulevard

City Bristol State TN Zip Code 37620-7430

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

Name of Employer Wellmont Bristol Regional Medical Cent Occupation Vice President Finance and Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347050

Amount of Each Receipt this Period 350.00

B.

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

Mailing Address 2347 Jones Bend Road

City Louisville State TN Zip Code 37777-5213

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

Name of Employer Peninsula Hospital Occupation Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347052

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Jill Talbert

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer Tennessee Hospital Association Occupation Director of Advocacy and Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 17347053

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 100
(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. Thelma K. Traut

Mailing Address 1080 Cedar Drive
Cedar Lake Estates

City Camden State TN Zip Code 38320-6033

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

Name of Employer Baptist Memorial Hospital-Huntingdon Occupation Vice Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347054

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary Layne Van Cleave

Mailing Address 1208 Brookview Drive

City Brentwood State TN Zip Code 37027-8424

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

Name of Employer Tennessee Hospital Association Occupation Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347055

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address P O Box 8005

City Sevierville State TN Zip Code 37864-8005

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

Name of Employer LeConte Medical Center Occupation President and Chief Administrative Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347056

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 100
	(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. William A. Sutton		Date of Receipt																					
	Mailing Address 4653 Ginger Trail		<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>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	0		2	0	0	9														
	City State Zip Code Toledo OH 43623-1041		Transaction ID: 17347322																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Occupation Mercy Hospital of Defiance Administrator		250.00																						
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. William W Harding		Date of Receipt																					
	Mailing Address 1305 Independence Circle S.E.		<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>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	0		2	0	0	9														
	City State Zip Code New Philadelphia OH 44663-9337		Transaction ID: 17347326																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Occupation Union Hospital President and Chief Executive Officer		250.00																						
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) Mr. Edward J Roth, III		Date of Receipt																					
	Mailing Address 2600 Sixth Street SW		<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>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	0		2	0	0	9														
	City State Zip Code Canton OH 44710-1702		Transaction ID: 17347328																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Occupation Aultman Hospital President and Chief Executive Officer		250.00																						
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)	▶	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 22 / 100
(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 Shroder

Mailing Address P O Box 1790

City State Zip Code
Youngstown OH 44501-1790

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

Name of Employer Occupation
St. Elizabeth Health Center President and Chief Executive Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: 17347330

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William G Robertson

Mailing Address 1801 Research Blvd, Ste 400

City State Zip Code
Rockville MD 20850-3184

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

Name of Employer Occupation
Adventist HealthCare President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: 17347334

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms. Susan Stanfield

Mailing Address 6218 Muirlock Court

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Ohio Hospital Association 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	7		1	0		2	0	0	9

Transaction ID: 17347337

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 100

(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 State Zip Code
Tarkio MO 64491-9280

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

Name of Employer Occupation
Community Hospital Association President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 17347362

Amount of Each Receipt this Period

400.00

B.

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 ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 17349586

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)
Mr. Charles C Fenwick, Jr.

Mailing Address P.O. Box 1

City State Zip Code
Butler MD 21023-0001

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

Name of Employer Occupation
Greater Baltimore Medical Center Chairman

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 17349599

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional) ▶

910.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P.O. Box 44670

City State Zip Code
Baltimore MD 21236-6670

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

Name of Employer Sheppard and Enoch Pratt Hospital
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 17349608

Amount of Each Receipt this Period
340.00

B. Full Name (Last, First, Middle Initial)
Mr. Ronald R Peterson

Mailing Address 1403 Lytham Court

City State Zip Code
Bel Air MD 21015-5691

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

Name of Employer Johns Hopkins Health System
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 17349636

Amount of Each Receipt this Period
255.00

C. Full Name (Last, First, Middle Initial)
Ms. Connie Pitcher

Mailing Address 10909 McCormick Road

City State Zip Code
Hunt Valley MD 21031-1401

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

Name of Employer Greater Baltimore Medical Center
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 17349639

Amount of Each Receipt this Period
272.00

SUBTOTAL of Receipts This Page (optional) ► **867.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 100
(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. Joanne E Pollak, , JD

Mailing Address One East Highfield Road

City State Zip Code
Baltimore MD 21218

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

Name of Employer Occupation
Johns Hopkins Health System Vice President and General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 17349640

Amount of Each Receipt this Period

510.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory F Schaffer

Mailing Address 305 Meadowcroft Lane

City State Zip Code
Timonium MD 21093-6422

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

Name of Employer Occupation
Johns Hopkins Bayview Medical Center President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 17349652

Amount of Each Receipt this Period

255.00

C.

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

Mailing Address 1301 Punchbowl Street

City State Zip Code
Honolulu HI 96813-2402

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

Name of Employer Occupation
Queen's Medical Center President

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: 17349899

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line 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 / 100
(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 Chris Lang

Mailing Address 1517 Deer Path

City State Zip Code
Raymore MO 64083-8180

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

Name of Employer Occupation
Cass Regional Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 17350025

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gene H. Leroux

Mailing Address 109 Leroux Street

City State Zip Code
Doniphan MO 63935-1038

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

Name of Employer Occupation
Ripley County Memorial Hospital Director, Ripley Clinic

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 262.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 17350026

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dan McKinney

Mailing Address 1255 Lovers Lane

City State Zip Code
Hermann MO 65041-4245

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

Name of Employer Occupation
Hermann Area District Hospital Administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 264.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 17350030

Amount of Each Receipt this Period

264.00

SUBTOTAL of Receipts This Page (optional)

764.00

TOTAL This Period (last page this line 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 / 100
(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. Thomas H Rockers

Mailing Address 153 Gay Avenue

City Clayton State MO Zip Code 63105-3665

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2009

Transaction ID: 17350074

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Mr Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

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

Name of Employer Sentara Healthcare Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009

Transaction ID: 17351126

Amount of Each Receipt this Period 350.00

C.

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

Mailing Address 12600 Foxstone Court

City Midlothian State VA Zip Code 23113-2279

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

Name of Employer Bon Secours-Richmond Community Hospita Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009

Transaction ID: 17351127

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 100
(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 Michael Burris

Mailing Address 459 Locust Avenue

City State Zip Code
Charlottesville VA 22902-9940

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

Name of Employer Occupation
Martha Jefferson Hospital Vice President Corporate Services and

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 17351128

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr Barnard Buscemi

Mailing Address 2796 Marshall Lake Drive

City State Zip Code
Oakton VA 22124-1148

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

Name of Employer Occupation
Inova Health System Investment Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 17351129

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 6642 Sugar Ridge Drive SW

City State Zip Code
Roanoke VA 24018-7632

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

Name of Employer Occupation
Carilion Clinic Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 17351130

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 100
(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. Barbara Charlton

Mailing Address 11797 Troika Court

City State Zip Code
Woodbridge VA 22192-6285

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

Name of Employer Potomac Hospital Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351132

Amount of Each Receipt this Period 350.00

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

Mailing Address 1408 Five Hill Trail

City State Zip Code
Virginia Beach VA 23452-4704

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

Name of Employer Chesapeake Regional Medical Center Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351133

Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Alice Ensogna

Mailing Address 1909 Wayland Dr

City State Zip Code
Winchester VA 22601-6217

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

Name of Employer Valley Health System Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351141

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 30 / 100
(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. Valerie Keane

Mailing Address 300 Princess Anne Street

City Fredericksburg State VA Zip Code 22401-6041

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

Name of Employer Potomac Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 14 / 2009
Transaction ID: 17351212
Amount of Each Receipt this Period: 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dena Kent

Mailing Address 193 Robinson Drive

City Winchester State VA Zip Code 22602-2340

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

Name of Employer Winchester Medical Center Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 14 / 2009
Transaction ID: 17351214
Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Ms Vickie Kleski

Mailing Address 3020 Ribuiys Crissubg Dr

City Midlothian State VA Zip Code 23113

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 14 / 2009
Transaction ID: 17351219
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 31 / 100
(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 Darleen Mastin

Mailing Address 4748 Totteridge Lane

City State Zip Code
Virginia Beach VA 23462

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

Name of Employer Occupation
Centra Health Sr. Vice President/COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351290

Amount of Each Receipt this Period
350.00

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

Mailing Address 425 Pleasant Point Drive

City State Zip Code
Norfolk VA 23502-5703

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

Name of Employer Occupation
Sentara Healthcare Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351291

Amount of Each Receipt this Period
350.00

C. 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 V/P 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 Y
07 / 14 / 2009

Transaction ID: 17351292

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 32 / 100
(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 Charlotte Perkins

Mailing Address 326 Willway

City State Zip Code
Manakin Sabot VA 23103-3281

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

Name of Employer Occupation
Bon Secours-Richmond Community Hospita Trustee

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

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 17351297

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Megan R Perry

Mailing Address 3000 Coliseum Drive

City State Zip Code
Hampton VA 23666-5963

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

Name of Employer Occupation
Sentara CarePlex Hospital Vice President and Administrator

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

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 17351298

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Bertram Reese

Mailing Address 1513 Quail Point Road

City State Zip Code
Virginia Beach VA 23454-3115

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

Name of Employer Occupation
Sentara Healthcare VP & Chief Information Officer

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

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 17351300

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 33 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 11531 Gunner Court

City State Zip Code
Woodbridge VA 22192-5745

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

Name of Employer Occupation
Potomac Hospital Vice President Nursing

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351302

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Dr. J. Thomas Ryan, M.D.

Mailing Address 7 Steeplechase Road

City State Zip Code
Fredericksburg VA 22405-3313

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

Name of Employer Occupation
Medicorp Health System Vice President/ Chief Medical Officer

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351303

Amount of Each Receipt this Period

350.00

C.

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

Mailing Address 4001 River Park Dr.

City State Zip Code
Suffolk VA 23435-3356

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

Name of Employer Occupation
Bon Secours Hampton Rd President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 17351304

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 100
(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. Jennifer W. Siciliano

Mailing Address 8110 Gatehouse Road
Suite 200 East Tower

City Falls Church State VA Zip Code 22042-1210

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

Name of Employer Inova Health System Occupation Asst VP Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009
Transaction ID: 17351310
 Amount of Each Receipt this Period 350.00

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

Mailing Address 4200 Innslake Drive

City Glen Allen State VA Zip Code 23060-6712

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt 07 / 14 / 2009
Transaction ID: 17351312
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ms. Phyllis Stoneburner

Mailing Address 4544 Miarfield Circle

City Chesapeake State VA Zip Code 23321-4262

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

Name of Employer Sentara Obici Hospital Occupation Vice President, Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009
Transaction ID: 17351317
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 100
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	<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 John Stone		Date of Receipt
	Mailing Address 1857 Ames Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2009
	City	State	Zip Code
	Chesapeake	VA	23321
	FEC ID number of contributing federal political committee. C		Transaction ID: 17351318
Name of Employer Bon Secours Hampton Rd		Occupation Vice President Advocacy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

B.	Full Name (Last, First, Middle Initial) Mr. Douglas Thompson		Date of Receipt
	Mailing Address 6015 Poplar Hall Drive Ste 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2009
	City	State	Zip Code
	Norfolk	VA	23502-3819
	FEC ID number of contributing federal political committee. C		Transaction ID: 17351320
Name of Employer Sentara Healthcare		Occupation VP, Reinventing Decision Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

C.	Full Name (Last, First, Middle Initial) Dr. Raymond G Troiano, , M.D.		Date of Receipt
	Mailing Address 1060 First Colonial Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2009
	City	State	Zip Code
	Virginia Beach	VA	23454-3002
	FEC ID number of contributing federal political committee. C		Transaction ID: 17351326
Name of Employer Sentara Virginia Beach General Hospita		Occupation Vice President and Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 / 100
(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 Robert Vaughan

Mailing Address 147 Bogey Lane

City Salem State VA Zip Code 24153-6858

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

Name of Employer Carilion Clinic Occupation V/P Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009
Transaction ID: 17351333
 Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Werner, M.D.

Mailing Address 809 Pendleton Drive

City Salem State VA Zip Code 24153-2648

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

Name of Employer Carilion Clinic Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009
Transaction ID: 17351335
 Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Ray Williams

Mailing Address 2409 Edenton Court

City Virginia Beach State VA Zip Code 23456-6562

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

Name of Employer Sentara Healthcare Occupation VP CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2009
Transaction ID: 17351336
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 100
(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. Patrick A Schlenker

Mailing Address P O Box 889

City State Zip Code
Chipley FL 32428-0889

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

Name of Employer
Northwest Florida Community Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 17356783

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1800 Barrs Street

City State Zip Code
Jacksonville FL 32204-4704

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

Name of Employer
St. Vincent's Medical Center

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 17356786

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address P O Box 6000

City State Zip Code
Ocala FL 34478-6000

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

Name of Employer
Munroe Regional Medical Center

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 17356798

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line 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 / 100
(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. Hugh Greene

Mailing Address 800 Prudential Drive

City State Zip Code
Jacksonville FL 32207-8202

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

Name of Employer Baptist Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 17356799

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 10213 Capri St.

City State Zip Code
Hollywood FL 33026-4637

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

Name of Employer Memorial Regional Hospital Occupation Senior Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 17356800

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address P O Box 1289

City State Zip Code
Tampa FL 33601-1289

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 17356801

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 39 / 100
(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. Fred Hipp, Jr.

Mailing Address 401 Route 73 North
50 Lake Center Drive, Suite 404

City Marlton State NJ Zip Code 08053-3424

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

Name of Employer Virtua Health Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2009
Transaction ID: 17359868
Amount of Each Receipt this Period 500.00

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

Mailing Address 23 E. Delaware Avenue

City Pennington State NJ Zip Code 8534

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

Name of Employer New Jersey Hospital Association Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 17 / 2009
Transaction ID: 17359870
Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Mr. Al Maghazehe

Mailing Address 750 Brunswick Avenue

City Trenton State NJ Zip Code 08638-4143

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

Name of Employer Capital Health - Fuld Campus Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1927.00

Date of Receipt 07 / 17 / 2009
Transaction ID: 17359879
Amount of Each Receipt this Period 1927.00

SUBTOTAL of Receipts This Page (optional) ► 2432.00

TOTAL This Period (last page this line 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 / 100
(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. Richard P Miller

Mailing Address 50 Lake Center Drive, Ste 401

City State Zip Code
Marlton NJ 8053

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

Name of Employer Occupation
Virtua Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: 17359884

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2500 English Creek Avenue

City State Zip Code
Egg Harbor Townshi NJ 08234-5549

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

Name of Employer Occupation
AtlantiCare President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: 17359901

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr Daniel Kelly

Mailing Address 508 2nd street N.E.

City State Zip Code
Watford City ND 58854-7402

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

Name of Employer Occupation
McKenzie County Healthcare System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: 17360548

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 100
(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. Vivian Austin

Mailing Address 10 Shorecrest Court

City Savannah State GA Zip Code 31410-1054

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

Name of Employer St. Joseph's/Candler, Candler Hospital
Occupation Nursing Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: 17362947
Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 707 Center Street, Suite 400

City Columbus State GA Zip Code 31901-1526

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: 17362967
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 2716 Wynnton Drive

City Duluth State GA Zip Code 30097-3706

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

Name of Employer Gwinnett Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: 17362987
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 / 100

(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. Wayne B Griffith, , FACHE

Mailing Address P O Box 1369

City State Zip Code
Princeton WV 24740-1369

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

Name of Employer Occupation
Princeton Community Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: 17362990

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Normand E Deschene, , FACHE

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2009

Transaction ID: 17365662

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Aubut

Mailing Address 55 Fogg Road

City State Zip Code
South Weymouth MA 02190-2432

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

Name of Employer Occupation
South Shore 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
07 / 21 / 2009

Transaction ID: 17365664

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: (check only one)	PAGE 43 / 100		
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Douglas S. Vang		Date of Receipt MM / DD / YYYY 07 / 20 / 2009		
	Mailing Address 2690 58th Avenue		Transaction ID: 17367481		
	City Greeley	State CO	Zip Code 80634-4528	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Colorado Medical Center	Occupation Administrator	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Ms. Christine M Harff		Date of Receipt MM / DD / YYYY 07 / 20 / 2009		
	Mailing Address 120 LaBree Avenue South		Transaction ID: 17367566		
	City Thief River Falls	State MN	Zip Code 56701-2819	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MeritCare Thief River Falls Northwest	Occupation Chief Executive Officer	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Ms. Kathy Johnson		Date of Receipt MM / DD / YYYY 07 / 20 / 2009		
	Mailing Address 1282 Walnut Street		Transaction ID: 17367570		
	City Dawson	State MN	Zip Code 56232-2333	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Johnson Memorial Health Services	Occupation Administrator	Aggregate Year-to-Date 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 100
	<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. Brendan Cassidy		Date of Receipt
	Mailing Address 2136 Ford Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 20 / 2009
	City	State	Zip Code
	Saint Paul	MN	55116-1863
	FEC ID number of contributing federal political committee. C		Transaction ID: 17367614
Name of Employer Medicalis		Occupation Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 750.00

B.	Full Name (Last, First, Middle Initial) Mr. William Fenske		Date of Receipt
	Mailing Address 301 S. Oak Avenue SW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 20 / 2009
	City	State	Zip Code
	Willamar	MN	56201
	FEC ID number of contributing federal political committee. C		Transaction ID: 17367628
Name of Employer Rice Memorial Hospital		Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 125.00

C.	Full Name (Last, First, Middle Initial) Mr. Harlan Hallquist		Date of Receipt
	Mailing Address 9855 West 78th Street Suite 270		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 20 / 2009
	City	State	Zip Code
	Eden Prairie	MN	55344-8002
	FEC ID number of contributing federal political committee. C		Transaction ID: 17367631
Name of Employer J.E. Dunn Construction Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 45 / 100
(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. James F Hanko

Mailing Address 1300 Anne St. NW

City State Zip Code
Bemidji MN 56601-5103

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

Name of Employer: North Country Regional Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: 17367632
 Amount of Each Receipt this Period: 75.00

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

Mailing Address P O Box 1328

City State Zip Code
McCook NE 69001-1328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 21 / 2009
Transaction ID: 17367634
 Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Fred J Meis

Mailing Address 727 East First Street

City State Zip Code
Minden NE 68959-1705

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

Name of Employer: Kearney County Health Services
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 21 / 2009
Transaction ID: 17367640
 Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 100
(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 H. Ross

Mailing Address 2900 West Picket Post Street

City State Zip Code
Columbia MO 65203-9581

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

Name of Employer University of Missouri Health Care
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2009

Transaction ID: 17367752

Amount of Each Receipt this Period
335.00

B.

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 Truman Medical Centers
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 17367754

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 7800 South Eagle Road

City State Zip Code
Columbia MO 65203-9017

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

Name of Employer Missouri Hospital Association
Occupation Senior VP, Commc. & Health Improvement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.75

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 17367790

Amount of Each Receipt this Period
43.75

SUBTOTAL of Receipts This Page (optional) ► **1378.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 100
	<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. Daniel R. Landon	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 611 Belridge Drive P.O. Box 60	Transaction ID: 17367797
	City State Zip Code Jefferson City MO 65109-0755	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 312.50	

B.	Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 5119 Coventry Way	Transaction ID: 17367801
	City State Zip Code Jefferson City MO 65101-8284	Amount of Each Receipt this Period 43.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Hospital Association Occupation Senior Vice President & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 218.75	

C.	Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill, J.D.	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 2906 Valley View Terrace	Transaction ID: 17367803
	City State Zip Code Jefferson City MO 65109-1069	Amount of Each Receipt this Period 43.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Hospital Association Occupation Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 218.75	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line 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 / 100
(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. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

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

Name of Employer Missouri Hospital Association
Occupation Former President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 17367804

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address P O Box 25555

City State Zip Code
Albuquerque NM 87125-0555

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

Name of Employer Lovelace Women's Hospital
Occupation Chief Executive Officer and Administra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: 17373485

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.94

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 17373507

Amount of Each Receipt this Period
25.42

SUBTOTAL of Receipts This Page (optional) ► **400.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 100
(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. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City State Zip Code
Pennington NJ 8534

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

Name of Employer
New Jersey Hospital Association

Occupation
General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 17373508

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Ms. Nancy R. Willis

Mailing Address 900 East Broadway

City State Zip Code
Bismarck ND 58501-4520

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

Name of Employer
St. Alexius Medical Center

Occupation
VP of Government Relations & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: 17373598

Amount of Each Receipt this Period
350.00

C.

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
07 / 27 / 2009

Transaction ID: 17373611

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **855.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 100
(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 G O'Brien

Mailing Address 1 Biotech Park

City Worcester State MA Zip Code 01605-2982

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

Name of Employer UMass Memorial Health Care, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 17373731

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Gary Lapidus

Mailing Address 33 Christine St.

City Worcester State MA Zip Code 01606-2306

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

Name of Employer UMass Memorial Health Care, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 17373735

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address P O Box 1990

City Kearney State NE Zip Code 68848-1990

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

Name of Employer Good Samaritan Health Systems Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2009

Transaction ID: 17373736

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 51 / 100
(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. William L Welch, , FACHE

Mailing Address P O Box 277

City State Zip Code
Fairbury NE 68352-0277

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

Name of Employer Occupation
Jefferson Community Health Center 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
07 / 27 / 2009

Transaction ID: 17373739

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr. David M Barrett, , M.D.

Mailing Address 41 Mall Road

City State Zip Code
Burlington MA 01805-0001

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

Name of Employer Occupation
Lahey Clinic 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 Y
07 / 27 / 2009

Transaction ID: 17373771

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dave A. Nelson

Mailing Address 156 North Oak Park Avenue, Apt. 1G

City State Zip Code
Oak Park IL 60301-1331

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

Name of Employer Occupation
St. Marys Health Center Interim Chief Financial Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 17378513

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 100
(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. Sean J. Hogan

Mailing Address 4859 Crosswood Drive

City State Zip Code
Saint Louis MO 63129-7128

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

Name of Employer Occupation
SSM DePaul Health Center Area Director Strategic Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: 17388240

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 111 Lingbergh Place Drive

City State Zip Code
Saint Louis MO 63146-5902

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

Name of Employer Occupation
SSM St. Joseph Health Center Clinical Affairs/Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: 17388243

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address Box 368

City State Zip Code
Pauls Valley OK 73075-0368

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

Name of Employer Occupation
Pauls Valley General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 17389185

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 100
(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 Nunamaker

Mailing Address 2220 West Iowa Avenue

City State Zip Code
Chickasha OK 73018-2700

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

Name of Employer Grady Memorial Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 17389187

Amount of Each Receipt this Period
250.00

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

Mailing Address 3300 Gallows Road

City State Zip Code
Falls Church VA 22042-3307

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

Name of Employer Inova Fairfax Hospital Occupation Chief Nurse Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 17399917

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Mr. William H. Flannagan, Jr.

Mailing Address 3131 Rivanna Court

City State Zip Code
Woodbridge VA 22192-3373

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

Name of Employer Potomac Hospital Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 17401207

Amount of Each Receipt this Period
350.00

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 54 / 100
(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. Cynthia Kilgore

Mailing Address 9888 Becket Ct.

City State Zip Code
Fairfax VA 22032-2412

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

Name of Employer Inova Health System Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 17401209

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 900 Stuart Avenue

City State Zip Code
Arlington VA 22203-4101

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

Name of Employer Inova Health System Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 17401861

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 1460 Waggaman Circle

City State Zip Code
McLean VA 22101-4004

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

Name of Employer Inova Health System Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 17402420

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 55 / 100
	<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. Cheryl Ward	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 4320 Seminary Road	Transaction ID: 17402422
	City State Zip Code Alexandria VA 22304-1500	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Alexandria Hospital Occupation Director 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) Mr. Francis M Saba	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 14 Prospect Street	Transaction ID: 18235247
	City State Zip Code Milford MA 01757-3090	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Milford Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$50-0.00

C.	Full Name (Last, First, Middle Initial) Mr. Kevin Stranberg	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 62461 Dahlstrom Road	Transaction ID: 18235248
	City State Zip Code Ashland WI 54806-4232	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Medical Center - Ashland Occupation Director of Public Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 50.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 100
(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. 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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR1034595122742

Amount of Each Receipt this Period 60.00

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 ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR1045726222742

Amount of Each Receipt this Period 117.00

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

C.

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

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 Section Director, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR1113464222742

Amount of Each Receipt this Period 42.00

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

SUBTOTAL of Receipts This Page (optional) ► 219.00

TOTAL This Period (last page this line 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 / 100
	(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. Davon Gray	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1143013022742
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Legislative Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Mr. David L. Allen	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1234662822742
	City Washington State DC Zip Code 20004-2802	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00)
	Name of Employer AARP Occupation Senior Manager, Media Relations/Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address One North Franklin	Transaction ID: PR1260472922742
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 42.00
	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 of Professional Practice, AON Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 100
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Michelle M. Mathy

Mailing Address 1660 Lanier PL Apt. 309

City Washington State DC Zip Code 20009-2939

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

Name of Employer American Hospital Association-Washingt Occupation Project Manager AHAPAC Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR1300853722742
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address One North Franklin Street Suite 32139

City Chicago State IL Zip Code 60606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 521.76

Date of Receipt 07 / 31 / 2009
Transaction ID: PR1302378922742
Amount of Each Receipt this Period 130.44
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Frances S Margolin

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR1347702722742
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00)

SUBTOTAL of Receipts This Page (optional) ► 232.44

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 100

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. James 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 ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR1347703422742

Amount of Each Receipt this Period

60.00

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR1347703622742

Amount of Each Receipt this Period

60.00

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

C.

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

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 Executive Director, ASHHRA

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 585.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR1347708422742

Amount of Each Receipt this Period

117.00

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

SUBTOTAL of Receipts This Page (optional)

237.00

TOTAL This Period (last page this line 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 / 100
(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. Susan Gergely

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR1347791022742

Amount of Each Receipt this Period
42.00

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

B.

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2802

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

Name of Employer American Hospital Association-Washingt
Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR1384065322742

Amount of Each Receipt this Period
117.00

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

C.

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 - ASHHR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR1492459922742

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional) ► **219.00**

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

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

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

FOR LINE NUMBER: PAGE 61 / 100
(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. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR327629122742
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City Rockville State MD Zip Code 20852-3249

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

Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR327745922742
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 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 ▼ 210.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR327771622742
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 276.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 100
	<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. Suzanne R. Sonik	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address One North Franklin	Transaction ID: PR327777222742
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1022 S. Harvey Avenue	Transaction ID: PR327777822742
	City State Zip Code Oak Park IL 60304-2132	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1003 Kimberly Place	Transaction ID: PR327801722742
	City State Zip Code Great Falls VA 22066-1546	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	162.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327812022742
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi	Aggregate Year-to-Date 585.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 6034 North 22nd Street	Transaction ID: PR327831722742
	City Arlington State VA Zip Code 22205-3408	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Regional Executive	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address One North Franklin Street	Transaction ID: PR327846222742
	City Chicago State IL Zip Code 60606	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	219.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 100
(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. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City Washington State DC Zip Code 20008-2614

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 ▼ 300.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR327851922742

Amount of Each Receipt this Period 60.00

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

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR327858022742

Amount of Each Receipt this Period 117.00

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

C.

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

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR327877822742

Amount of Each Receipt this Period 117.00

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

SUBTOTAL of Receipts This Page (optional) ► 294.00

TOTAL This Period (last page this line 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 / 100
	<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 F. Bergstrom	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 130 North Garland Court #3002	Transaction ID: PR327895722742
	City State Zip Code Chicago IL 60602-4750	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Judy Williams	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address One North Franklin Street	Transaction ID: PR327918922742
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328132822742
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt 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 ▼ 585.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	219.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 204 7th Ave	Transaction ID: PR328136922742
	City State Zip Code La Grange IL 60525-6406	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address One North Franklin Street	Transaction ID: PR328174922742
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Executive Director, SHSMD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 5545 North Wayne	Transaction ID: PR328223822742
	City State Zip Code Chicago IL 60640-1318	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	276.00
TOTAL This Period (last page this line 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 / 100
	<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. James D. Bentley, Ph.D.	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 13106 Vingle Lane	Transaction ID: PR328224922742
	City State Zip Code Silver Spring MD 20906	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

B.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1093 N. Faldo Way	Transaction ID: PR328241422742
	City State Zip Code Eagle ID 83616-5369	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 3475 North Venice Street	Transaction ID: PR328260922742
	City State Zip Code Arlington VA 22207-4446	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Executive 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 ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	294.00
TOTAL This Period (last page this line 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 / 100
	<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. Richard H. Wade	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1221 Cavalier Road	Transaction ID: PR328310422742
	City State Zip Code Arnold MD 21012-2126	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President Strategic Commun	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

B.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328341822742
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot	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 ▼ 585.00	

C.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 200 Clover Hill Court	Transaction ID: PR328511822742
	City State Zip Code Yardley PA 19067-5736	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	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 ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	351.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 100		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
	Mailing Address 1501 N. Harrison Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22205-2726
	FEC ID number of contributing federal political committee. C		Transaction ID: PR328512022742
Name of Employer American Hospital Association-Washingt		Occupation Senior Vice President, Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="60.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. George Arges		Date of Receipt
	Mailing Address One North Franklin St.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Chicago	IL	60606
	FEC ID number of contributing federal political committee. C		Transaction ID: PR328641122742
Name of Employer American Hospital Association-Chicago		Occupation Senior Director, Health Data Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="249.97"/>	<input type="text" value="68.19"/>
			P/R Deduction (\$22.73 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Ave.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Chicago	IL	60606
	FEC ID number of contributing federal political committee. C		Transaction ID: PR328913322742
Name of Employer American Hospital Association-Chicago		Occupation President & CEO, AHA Solutions, Inc. &	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="528.00"/>	<input type="text" value="132.00"/>
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="260.19"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 70 / 100
(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. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR329013422742

Amount of Each Receipt this Period 60.00

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

B. Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR329071322742

Amount of Each Receipt this Period 117.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Robyn Cooke

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 ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR329084422742

Amount of Each Receipt this Period 60.00

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

SUBTOTAL of Receipts This Page (optional) ► **237.00**

TOTAL This Period (last page this line 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 / 100
(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. 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 ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR329215722742

Amount of Each Receipt this Period
117.00

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR329342622742

Amount of Each Receipt this Period
42.00

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR329654222742

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional) ► **201.00**

TOTAL This Period (last page this line 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 / 100
(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. 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR330343322742

Amount of Each Receipt this Period
60.00

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR330411622742

Amount of Each Receipt this Period
60.00

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR330465222742

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional) ► **162.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 100
(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 Cricle 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 ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR330475422742

Amount of Each Receipt this Period
117.00

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR330534322742

Amount of Each Receipt this Period
60.00

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR330547722742

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional) ► **237.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 100
(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. 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 ▼ 489.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR330549222742

Amount of Each Receipt this Period
141.00

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

B.

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

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6200

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

Name of Employer Maryland Hospital Association
Occupation V.P., Advocacy & Member Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR330776122742

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00)

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR331278822742

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional) ► **243.00**

TOTAL This Period (last page this line 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 / 100
(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. 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 ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR331304222742

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 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 ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR331379122742

Amount of Each Receipt this Period 42.00

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 ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR331386922742

Amount of Each Receipt this Period 42.00

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

SUBTOTAL of Receipts This Page (optional) ► **144.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 100
(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. Alex R. White, Sr.
Mailing Address 6225 US Hwy 290 E
City Austin State TX Zip Code 78761-5587
FEC ID number of contributing federal political committee. C

Date of Receipt 07 / 31 / 2009
Transaction ID: PR331416022742
Amount of Each Receipt this Period 174.00
P/R Deduction (\$60.00 Bi-Weekly)

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive for TX
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 870.00

B. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls St.
City Falls Church State VA Zip Code 22046-2613
FEC ID number of contributing federal political committee. C

Date of Receipt 07 / 31 / 2009
Transaction ID: PR331533222742
Amount of Each Receipt this Period 117.00
P/R Deduction (\$40.00 Bi-Weekly)

Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 585.00

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin
City Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. C

Date of Receipt 07 / 31 / 2009
Transaction ID: PR346168122742
Amount of Each Receipt this Period 59.76
P/R Deduction (\$40.00 Bi-Weekly)

Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 281.04

SUBTOTAL of Receipts This Page (optional) 350.76

TOTAL This Period (last page this line 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 / 100
(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Kristin Welsh</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Vice President Executive Branch Relati</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 585.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2009</p> <p>Transaction ID: PR517619722742</p> <p>Amount of Each Receipt this Period 117.00</p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Megan Cundari</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.88</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2009</p> <p>Transaction ID: PR518031922742</p> <p>Amount of Each Receipt this Period 65.22</p> <p>P/R Deduction (\$21.74 Bi-Weekly)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Mr. Carlos Jackson</p> <p>Mailing Address 325 Seventh Street, NW</p> <p>City State Zip Code Washington DC 20004-2802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2009</p> <p>Transaction ID: PR566280922742</p> <p>Amount of Each Receipt this Period 60.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	242.22
TOTAL This Period (last page this line 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 78 / 100
	<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. Ashley B. Thompson	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 606 S. Royal St.	Transaction ID: PR766023722742
	City State Zip Code Alexandria VA 22314-4142	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR801366322742
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR876637222742
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
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 ▼ 269.00	

SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line 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 / 100
	(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. Sheila R. Meadows		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hospital Association-Washingt		Occupation Senior Director of Operations	Transaction ID: PR936292322742
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="42.00"/>
		P/R Deduction (\$14.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland		Date of Receipt
	Mailing Address One N. Franklin Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Chicago	IL	60606
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hospital Association-Chicago		Occupation Executive Director Quality Center	Transaction ID: PR939603922742
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="42.00"/>
		P/R Deduction (\$14.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="84.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="65564.14"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 100
(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)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	9

Transaction ID: 17329485

Amount of Each Receipt this Period
20000.00

B. 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 ▼
60000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: 17353621

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: 17360497

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line 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 / 100
(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)
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 ▼
35000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 17365651

Amount of Each Receipt this Period
17000.00

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 ▼
7300.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2009

Transaction ID: 17375064

Amount of Each Receipt this Period
4250.00

C. Full Name (Last, First, Middle Initial)
Montana Hospital Association PAC - Federal Fund

Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2710.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: 17387727

Amount of Each Receipt this Period
2710.00

SUBTOTAL of Receipts This Page (optional) ► **23960.00**

TOTAL This Period (last page this line number only) ► **68960.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 100
(check only one)

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

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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 ▼
2069.93

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: 17442393

Amount of Each Receipt this Period
199.58

Interest Earned

SUBTOTAL of Receipts This Page (optional)	▶	199.58
TOTAL This Period (last page this line number only)	▶	199.58

**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 83 / 100

<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. Francis M Saba

Mailing Address 14 Prospect Street

City Milford State MA Zip Code 01757-3090

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 17348503

Date of Disbursement

07 / 10 / 2009

Amount of Each Disbursement this Period

500.00

Refund

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Kind For Congress Committee

Transaction ID: 17371497
Date of Disbursement

Mailing Address 205 5th Avenue South
Suite 428

/ /

City La Crosse State WI Zip Code 54601

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

B.

Full Name (Last, First, Middle Initial)
Simpson For Congress

Transaction ID: 17371745
Date of Disbursement

Mailing Address 1487 Parkway Drive

/ /

City Blackfoot State ID Zip Code 83221

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Michael K. Simpson

Office Sought: House
 Senate
 President
State: ID District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

C.

Full Name (Last, First, Middle Initial)
Carnahan In Congress

Transaction ID: 17371747
Date of Disbursement

Mailing Address 7370 Manchester Rd Ste 20

/ /

City St. Louis State MO Zip Code 63143

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Russ Carnahan

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress	Transaction ID: 17371749 Date of Disbursement
	Mailing Address PO Box 7783	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Rockford State IL Zip Code 61126	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Donald A. Manzullo	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall	Transaction ID: 17371750 Date of Disbursement
	Mailing Address 586 Orange Street	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Macon State GA Zip Code 31201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Rep. Jim Marshall	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Longleaf Pine PAC	Transaction ID: 17371752 Date of Disbursement
	Mailing Address 703 Green Valley Road Suite 201	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Greensboro State NC Zip Code 27408	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="1000.00"/>
	Candidate Name Longleaf Pine PAC	<input type="text" value="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) ▼
		2009 Contribution

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Paul Broun Committee Mailing Address P.O. Box 1512 City Athens State GA Zip Code 30601 Purpose of Disbursement Contribution Candidate Name Rep. Paul C. Broun Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17371753 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 607 Fourteenth Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2009 Contribution Candidate Name Searchlight Leadership Fund 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) ▼	Transaction ID: 17371755 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 2009 Contribution
C.	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America Mailing Address 607 Fourteenth Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2009 Contribution Candidate Name AMERIPAC: The Fund for a Greater America 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) ▼	Transaction ID: 17371756 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 2009 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 100

<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) Nita Lowey For Congress</p> <p>Mailing Address PO Box 271</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Nita M. Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17371757 Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Danny K. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17371759 Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Wyoming Values PAC</p> <p>Mailing Address 901 N. Washington Street Suite 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Wyoming Values 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: 17371761 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>2009 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Longleaf Pine PAC</p> <p>Mailing Address 703 Green Valley Road Suite 201</p> <p>City Greensboro State NC Zip Code 27408</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Longleaf Pine 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: 17371762</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>2009 Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17371763</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17371764</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17372083 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden</p> <p>Mailing Address 18 N. Second St., Box 37 PO Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17372085 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17372088 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: 17372093 Date of Disbursement 07 / 15 / 2009
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814	
	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	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Ken Calvert For Congress	Transaction ID: 17372095 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO Box 20123	Amount of Each Disbursement this Period 75.00
	City Riverside State CA Zip Code 92516	
	Purpose of Disbursement Contribution Candidate Name Rep. Ken Calvert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Glacier PAC	Transaction ID: 17373484 Date of Disbursement 07 / 23 / 2009
	Mailing Address 818 Connecticut Ave., NW Suite 1100	Amount of Each Disbursement this Period -5000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Void of 6/09 check Candidate Name Glacier PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 6/09 check

SUBTOTAL of Disbursements This Page (optional)	-3925.00
TOTAL This Period (last page this line number only)	

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

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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) Democrats Win Seats PAC	Transaction ID: 17426678 Date of Disbursement
	Mailing Address 1071 Turin Branch Lane	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="28"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City State Zip Code Weston FL 33326	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="2000.00"/>
	Candidate Name Democrats Win Seats PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2009 Contribution
	State: District:	

B.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 17426691 Date of Disbursement
	Mailing Address PO Box 12612	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="28"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City State Zip Code San Antonio TX 78212	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Charles A. Gonzalez	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
	State: TX District: 20	

C.	Full Name (Last, First, Middle Initial) Bill Foster For Congress Committee	Transaction ID: 17426699 Date of Disbursement
	Mailing Address PO Box 703	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="28"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City State Zip Code Geneva IL 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Bill Foster	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
	State: IL District: 14	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Rangel For Congress Mailing Address PO Box 5577 Manhattanville Sta City New York State NY Zip Code 10027 Purpose of Disbursement Contribution Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17426709 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9	
		Amount of Each Disbursement this Period 2000.00	Contribution
B.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress Mailing Address PO Box 437 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Contribution Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17426711 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9	
		Amount of Each Disbursement this Period 1000.00	Contribution
C.	Full Name (Last, First, Middle Initial) Georgians For Isakson Mailing Address Post Office Box 250116 City Atlanta State GA Zip Code 30325 Purpose of Disbursement Contribution Candidate Name Sen. Johnny Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17426750 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9	
		Amount of Each Disbursement this Period 1000.00	Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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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) Zack Space For Congress Committee Mailing Address 726 Sixteenth Street Ne City Massillon State OH Zip Code 44646 Purpose of Disbursement Contribution Candidate Name Rep. Zachary T. Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17426751 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Contribution

B. Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc. Mailing Address 2118 Central Avenue Se #71 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Contribution Candidate Name Rep. Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17426754 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Contribution

C. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts Mailing Address PO Box 775 City Unionville State PA Zip Code 19375 Purpose of Disbursement Contribution Candidate Name Rep. Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17426756 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Betty S. Sutton Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 13</p>	<p>Transaction ID: 17426766 Date of Disbursement: 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Aaron Jon Schock Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 18</p>	<p>Transaction ID: 17426769 Date of Disbursement: 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Welch For Congress</p> <p>Mailing Address PO Box 1682</p> <p>City Burlington State VT Zip Code 05402</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Peter Welch Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District: 01</p>	<p>Transaction ID: 17426772 Date of Disbursement: 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress	Transaction ID: 17426774 Date of Disbursement
	Mailing Address PO Box 823047	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="2009"/> <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Rep. Pete Sessions	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 17426777 Date of Disbursement
	Mailing Address P.O. Box 8508	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="2009"/> <input type="text" value="2009"/>
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael A. Arcuri	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Tim Johnson	Transaction ID: 17426787 Date of Disbursement
	Mailing Address PO Box 17097	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="2009"/> <input type="text" value="2009"/>
	City Urbana State IL Zip Code 61803	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Timothy V. Johnson	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Texans For Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lamar S. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17426794</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John Hall For Congress</p> <p>Mailing Address PO Box 469</p> <p>City Beacon State NY Zip Code 12508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John J. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17426832</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17426839</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mike McMahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael E. McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17426841 Date of Disbursement 07 / 23 / 2009</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) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17426843 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17426844 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 98 / 100

<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)
Committee To Re-Elect Loretta Sanchez

Mailing Address 1212 S. Victory Blvd.
Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
Rep. Loretta Sanchez

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 47

Transaction ID: 17426845
Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

100.00

Contribution

B. Full Name (Last, First, Middle Initial)
American Hospital Association

Mailing Address One North Franklin

City Chicago State IL Zip Code

Purpose of Disbursement
In-kind catering/staff time/room rental to Mitchell for Congress

Candidate Name
Rep. Harry Mitchell

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 05

Transaction ID: 17442453
Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

366.69

In-kind catering/staff time/room rental to Mitchell for Congress

SUBTOTAL of Disbursements This Page (optional)

466.69

TOTAL This Period (last page this line number only)

47041.69

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 17442360
Date of Disbursement

Mailing Address Ste. 001

/ /

City Chicago State IL Zip Code 60679

Amount of Each Disbursement this Period

Purpose of Disbursement
Merchant Fees
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Merchant Fees

B.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 17442362
Date of Disbursement

Mailing Address Ste. 001

/ /

City Chicago State IL Zip Code 60679

Amount of Each Disbursement this Period

Purpose of Disbursement
Merchant Fees
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Merchant Fees

C.

Full Name (Last, First, Middle Initial)
Merchant Bankcard

Transaction ID: 17442387
Date of Disbursement

Mailing Address 1601 Elm Street

/ /

City Dallas State TX Zip Code 75201

Amount of Each Disbursement this Period

Purpose of Disbursement
Merchant Fees
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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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) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees 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) ▼	Transaction ID: 17442390 Date of Disbursement 07 / 06 / 2009
	Amount of Each Disbursement this Period 290.04 Merchant Fees
B. Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fee 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) ▼	Transaction ID: 17442392 Date of Disbursement 07 / 20 / 2009
	Amount of Each Disbursement this Period 73.41 Bank Fee

SUBTOTAL of Disbursements This Page (optional) ►

363.45

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

543.85