

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

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 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2012 through 06 / 30 / 2012

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 Ms. Melinda Hatton *[Electronically Filed]* Date 07 / 13 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		3059823.23
(b) Cash on Hand at Beginning of Reporting Period.....	3591756.24	
(c) Total Receipts (from Line 19)	176189.51	1056498.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3767945.75	4116321.97
7. Total Disbursements (from Line 31).....	110031.50	458407.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3657914.25	3657914.25
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Hospital Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	98476.39	385776.81
(ii) Unitemized	42014.05	140386.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	140490.44	526162.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	140490.44	531162.91
12. Transfers From Affiliated/Other Party Committees.....	35400.00	522165.00
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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	299.07	1670.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	176189.51	1056498.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	176189.51	1056498.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	281.50	2757.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	281.50	2757.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109750.00	455650.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	110031.50	458407.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110031.50	458407.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	140490.44	531162.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140490.44	531162.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	281.50	2757.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	281.50	2757.72

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

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

FOR LINE NUMBER: PAGE 6 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Ms. Liza Jensen

Mailing Address 8109 Fredericksburg Rd

City San Antonio State TX Zip Code 78229-3311

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

Name of Employer Methodist Specialty and Transplant Hos Occupation Executive Director, Operations & Compl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19970026

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms Patty Crowley

Mailing Address Five New England Executive Park

City Burlington State MA Zip Code 01803-5010

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

Name of Employer Massachusetts Hospital Association Occupation Vice President, Governance & Member Re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19973454

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
C. Dr. Paul D Hain MD

Mailing Address 2200 Children's Way

City Nashville State TN Zip Code 37232-0005

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

Name of Employer Monroe Carell Jr. Children's Hospital Occupation Associate Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19973474

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **762.50**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 126
(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. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City State Zip Code
 Concord NH 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Hampshire Hospital Association President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : 19973479
 Amount of Each Receipt this Period
 90.90

B. Mr. Paul Rains
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 County Road 792
 City State Zip Code
 Ellington MO 63638-9252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Healthcare Medical Center Chief of Staff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : 19973483
 Amount of Each Receipt this Period
 228.00

C. Mr. Kenneth Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Kresge Way
 City State Zip Code
 Louisville KY 40207-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baptist Hospital East Chief Medical Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19976937
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 618.90
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Ms. Vicky McFall

Mailing Address 529 Capp Harlan Road

City State Zip Code
Tompkinsville KY 42167-1808

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

Name of Employer Occupation
Monroe County Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19976938

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Ms. Nancy G. Rust

Mailing Address 937 Woodland Heights Drive

City State Zip Code
Louisville KY 40245-5219

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

Name of Employer Occupation
N/A Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19976939

Amount of Each Receipt this Period
500.00

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

Mailing Address P O Box 436629

City State Zip Code
Louisville KY 40253-6629

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19976940

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 60 Mercy Court

City Irvine State KY Zip Code 40336-1331

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

Name of Employer Marcum and Wallace Memorial Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2012
Transaction ID : 19976941

Amount of Each Receipt this Period 500.00

B. Mr. Antony D Herbert
Full Name (Last, First, Middle Initial)

Mailing Address 11528 Tottenham Place

City Richmond State VA Zip Code 23233-1754

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

Name of Employer Bon Secours-Richmond Community Hospita Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 06 / 2012
Transaction ID : 19976954

Amount of Each Receipt this Period 350.00

C. Mr. R Edward Howell
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 800809

City Charlottesville State VA Zip Code 22908-0809

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

Name of Employer University of Virginia Medical Center Occupation Vice President and Chief Executive Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 06 / 2012
Transaction ID : 19976955

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Howard P Kern
Full Name (Last, First, Middle Initial)

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 President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : 19976956

Amount of Each Receipt this Period
 350.00

B. Ms. Pam Duchene
Full Name (Last, First, Middle Initial)

Mailing Address 172 Kinsley Street

City Nashua State NH Zip Code 03060-3648

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

Name of Employer St. Joseph Hospital Occupation Vice President Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : 19979789

Amount of Each Receipt this Period
 350.00

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

Mailing Address 224 Vicksburg

City Lansing State MI Zip Code 48917-9607

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : 19983347

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 11 OF 126
(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

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

Mailing Address 905 Sanctuary Dr.

City State Zip Code
Mason MI 48854-1390

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

Name of Employer Occupation
Michigan Health & Hospital Association General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983349

Amount of Each Receipt this Period
262.50

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

Mailing Address 3231 Bangor Rd.

City State Zip Code
Bay City MI 48706-1852

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

Name of Employer Occupation
McLaren Bay Region President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983352

Amount of Each Receipt this Period
700.00

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

Mailing Address 5864 Blue Jay Drive

City State Zip Code
Kalamazoo MI 49009-0800

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983353

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John L. Jones Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 Hazel Avenue
 City Kalamazoo State MI Zip Code 49008-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group, Inc. Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983355
 Amount of Each Receipt this Period
 262.50

B. Mr. Philip H McCorkle Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Jefferson Avenue SE
 City Grand Rapids State MI Zip Code 49503-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Mary's Health Care Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983358
 Amount of Each Receipt this Period
 350.00

C. Ms Jean Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 18273 Woodbury Court
 City Northville State MI Zip Code 48168-8844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Park Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983359
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	962.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark S O'Halla
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Harrington Boulevard

City Mount Clemens State MI Zip Code 48043-2920

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

Name of Employer McLaren Macomb Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : 19983360

Amount of Each Receipt this Period
 350.00

B. Mr. Steve Paulus
Full Name (Last, First, Middle Initial)

Mailing Address 17020 Carriage Way

City Northville State MI Zip Code 48168-6602

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

Name of Employer St. Joseph Mercy Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : 19983363

Amount of Each Receipt this Period
 350.00

C. Ms. Sue Reinoehl
Full Name (Last, First, Middle Initial)

Mailing Address 8804 Weeping Pine Ln

City Kalamazoo State MI Zip Code 49009-6733

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : 19983365

Amount of Each Receipt this Period
 210.00

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 14 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Marijo Snyder
Full Name (Last, First, Middle Initial)

Mailing Address 1731 Breezy Point Lake

City Kalamazoo	State MI	Zip Code 49009-8017
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2012

Transaction ID : 19983367

Amount of Each Receipt this Period

210.00

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

Mailing Address 300 North Avenue

City Battle Creek	State MI	Zip Code 49017-3307
----------------------	-------------	------------------------

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

Name of Employer Bronson Battle Creek	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2012

Transaction ID : 19983374

Amount of Each Receipt this Period

262.50

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

Mailing Address 3341 Lakeshore Drive

City Sault Sainte Marie	State MI	Zip Code 49783-1111
----------------------------	-------------	------------------------

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

Name of Employer War Memorial Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2012

Transaction ID : 19983382

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....▶	822.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jim Lee
Full Name (Last, First, Middle Initial)

Mailing Address 803 Greenwich Drive

City Grand Ledge State MI Zip Code 48837-2411

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

Name of Employer Michigan Health & Hospital Association Occupation VP, Data Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
06 / 06 / 2012
Transaction ID : 19983385

Amount of Each Receipt this Period
280.00

B. Dr. William J Mayer MD
Full Name (Last, First, Middle Initial)

Mailing Address 3521 Whistling Ln.

City Portage State MI Zip Code 49024-5513

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
06 / 06 / 2012
Transaction ID : 19983386

Amount of Each Receipt this Period
210.00

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

Mailing Address 11425 Long Point Dr.

City Plainwell State MI Zip Code 49080-9265

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
06 / 06 / 2012
Transaction ID : 19983387

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Sue Reinoehl
Full Name (Last, First, Middle Initial)

Mailing Address 8804 Weeping Pine Ln

City Kalamazoo State MI Zip Code 49009-6733

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
06 / 06 / 2012
Transaction ID : 19983391

Amount of Each Receipt this Period
210.00

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

Mailing Address 601 John Street

City Kalamazoo State MI Zip Code 49007-5341

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

Name of Employer Bronson Methodist Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 06 / 2012
Transaction ID : 19983392

Amount of Each Receipt this Period
350.00

C. Mr. Mike Way
Full Name (Last, First, Middle Initial)

Mailing Address 7049 Turkey Glen Trail

City Kalamazoo State MI Zip Code 49009-7031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
06 / 06 / 2012
Transaction ID : 19983396

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 126
(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. Mr. Herb B Kuhn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 Saddlebrooke Lane
 City Lohman State MO Zip Code 65053-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : 19983409
 Amount of Each Receipt this Period
 125.00

B. Mr. Daniel R. Landon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 Forest Park Court
 City Jefferson City State MO Zip Code 65109-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : 19983410
 Amount of Each Receipt this Period
 62.50

C. Mr. Todd Forkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 South State Street
 City Aberdeen State SD Zip Code 57401-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Avera St. Luke's Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 19983502
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Deb Fischer-Clemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 3217 W Zephyr Pl #1
 City State Zip Code
 Sioux Falls SD 57108-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Avera Health Director of Public Policy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 19983504
 Amount of Each Receipt this Period
 175.00

B. Mr. Mike Billimack
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 West Park Street
 City State Zip Code
 Urbana IL 61801-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carle Foundation Hospital Vice President Marketing, Planning and
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19983517
 Amount of Each Receipt this Period
 250.00

C. Ms. Helen M. Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 North Rockton Avenue
 City State Zip Code
 Rockford IL 61103-3655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rockford Memorial Hospital Executive Director, Foundation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19983518
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 126
(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. Mr. Alan H Channing
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 South California Avenue
 City Chicago State IL Zip Code 60608-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sinai Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19983519
 Amount of Each Receipt this Period
 500.00

B. Mr. Edgar J Curtis
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 North First Street
 City Springfield State IL Zip Code 62781-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19983520
 Amount of Each Receipt this Period
 500.00

C. Mr. Kevin R. England
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Grist Mill Drive
 City Springfield State IL Zip Code 62711-8113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health System Occupation Vice President, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012
Transaction ID : 19983521
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 126
<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

Full Name (Last, First, Middle Initial) A. Mr. Phillip M Kambic		Date of Receipt MM / DD / YYYY 06 / 11 / 2012 Transaction ID : 19983527
Mailing Address 350 North Wall Street		Amount of Each Receipt this Period 250.00
City Kankakee	State IL	Zip Code 60901-2901
FEC ID number of contributing federal political committee. C	Name of Employer Riverside 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James C Leonard , M.D.		Date of Receipt MM / DD / YYYY 06 / 11 / 2012 Transaction ID : 19983531
Mailing Address 611 West Park Street		Amount of Each Receipt this Period 500.00
City Urbana	State IL	Zip Code 61801-2500
FEC ID number of contributing federal political committee. C	Name of Employer Carle Foundation Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Nancy M Newby		Date of Receipt MM / DD / YYYY 06 / 11 / 2012 Transaction ID : 19983533
Mailing Address 705 South Grand Avenue		Amount of Each Receipt this Period 250.00
City Nashville	State IL	Zip Code 62263-1534
FEC ID number of contributing federal political committee. C	Name of Employer Washington County Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Larry P Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address 2024 S Illini Rdt

City Springfield State IL Zip Code 62704

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

Name of Employer Sacred Heart Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : 19983537

Amount of Each Receipt this Period
 500.00

B. Mr. Dale M Lodge
Full Name (Last, First, Middle Initial)

Mailing Address 41 Highland Avenue

City Winchester State MA Zip Code 01890-1496

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

Name of Employer Winchester Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : 19983579

Amount of Each Receipt this Period
 1125.00

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

Mailing Address 1493 Cambridge Street

City Cambridge State MA Zip Code 02139-1047

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

Name of Employer Cambridge Health Alliance Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : 19983580

Amount of Each Receipt this Period
 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. C. Gregory Martin		Date of Receipt
Mailing Address 68 Salem Street		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Andover	MA	01810-2114
FEC ID number of contributing federal political committee.		Transaction ID : 19983584
C		Amount of Each Receipt this Period
		<input type="text" value="262.50"/>
Name of Employer	Occupation	
Emerson Hospital	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="262.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Patricia Noga		Date of Receipt
Mailing Address 325 Oak Street		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Marshfield	MA	02050-6226
FEC ID number of contributing federal political committee.		Transaction ID : 19983585
C		Amount of Each Receipt this Period
		<input type="text" value="262.50"/>
Name of Employer	Occupation	
Massachusetts Hospital Association	Senior Director of Clinical Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="262.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Ronald Rak		Date of Receipt
Mailing Address 34 Federal City Road		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ewing	NJ	08638-1321
FEC ID number of contributing federal political committee.		Transaction ID : 19983590
C		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>
Name of Employer	Occupation	
Saint Peter's University Hospital	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2025.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony J Cimino
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Terry Court
 City Hamilton State NJ Zip Code 08620-9796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Wood Johnson University Hospita Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : 19983591
 Amount of Each Receipt this Period
 1125.00

B. Mr. Alan Lieber
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Sun Watch Court
 City Ramsey State NJ Zip Code 07446-2123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Health Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : 19983592
 Amount of Each Receipt this Period
 1125.00

C. Mr. J Michael Horsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N. East Boulevard
 City Montgomery State AL Zip Code 36117-2214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 06 / 11 / 2012
Transaction ID : 19983601
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Christine C Schuster
Full Name (Last, First, Middle Initial)

Mailing Address 133 Old Road to Nine Acre Corner

City Concord	State MA	Zip Code 01742-9120
-----------------	-------------	------------------------

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

Name of Employer Emerson Hospital	Occupation President and Chief Executive Officer
--------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : 19983630

Amount of Each Receipt this Period

562.50

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

Mailing Address 1 Alpine Circle

City Wakefield	State MA	Zip Code 01880-1544
-------------------	-------------	------------------------

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

Name of Employer Winchester Hospital	Occupation Chief Nursing Officer
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : 19983632

Amount of Each Receipt this Period

262.50

C. Mrs. Dianne J. Anderson MS, RN
Full Name (Last, First, Middle Initial)

Mailing Address 330 Brookline Avenue
Mail Stop ST221

City Boston	State MA	Zip Code 02215-5400
----------------	-------------	------------------------

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

Name of Employer Lawrence General Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

Transaction ID : 19983633

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 126
(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

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

Mailing Address One Kelly Lane

City State Zip Code
Wayland MA 01778-1034

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

Name of Employer Occupation
Emerson Hospital Vice President, Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : 19983634

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Keith A. Hovan

Mailing Address 316 Marys Pond Rd

City State Zip Code
Rochester MA 02770-4012

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

Name of Employer Occupation
Southcoast Hospitals Group President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : 19983641

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Mr. Daniel P. Moen

Mailing Address P O Box 9012

City State Zip Code
Springfield MA 01102-9012

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : 19983642

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1387.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John G Albert MBA, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Merrimack Street
 Building 9
 City Lawrence State MA Zip Code 01843-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Home Health VNA, Merrimack Valley Hosp Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 18 / 2012
Transaction ID : 19983656
 Amount of Each Receipt this Period 250.00

B. Mr. John O Wilhelm Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Old Road to Nine Acre Corner
 City Concord State MA Zip Code 01742-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson Hospital Occupation Senior Vice President and Chief Financ
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 437.50

Date of Receipt 06 / 18 / 2012
Transaction ID : 19983657
 Amount of Each Receipt this Period 250.00

C. Ms. Patricia A Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N. Ingalls, NI-4D09
 City Ann Arbor State MI Zip Code 48109-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Hospitals and H Occupation Associate Director and Administrator
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 13 / 2012
Transaction ID : 19983658
 Amount of Each Receipt this Period 1000.00

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 27 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John W Bluford		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012 Transaction ID : 19983659
Mailing Address 2301 Holmes Street		Amount of Each Receipt this Period 1000.00
City Kansas City	State MO	Zip Code 64108-2640
FEC ID number of contributing federal political committee. C		
Name of Employer Truman Medical Center-Lakewood	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ms. Myra L. Evans		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012 Transaction ID : 19983660
Mailing Address 16603 R Avenue		Amount of Each Receipt this Period 500.00
City Tarkio	State MO	Zip Code 64491-9280
FEC ID number of contributing federal political committee. C		
Name of Employer Community Hospital-Fairfax	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Karmon T Bjella		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2012 Transaction ID : 19983682
Mailing Address 1501 West Chisholm Street		Amount of Each Receipt this Period 252.00
City Alpena	State MI	Zip Code 49707-1401
FEC ID number of contributing federal political committee. C		
Name of Employer Alpena 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 ▼ 252.00	

SUBTOTAL of Receipts This Page (optional).....▶	1752.00
TOTAL This Period (last page this line number 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 OF 126
(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. Dr. Michael Geheb
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 Lone Pine Rd
 City Bloomfield Hills State MI Zip Code 48304-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oakwood Heritage Hospital Occupation Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 19983684
 Amount of Each Receipt this Period
 262.50

B. Mr. John R Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 South Washington Avenue
 City Saginaw State MI Zip Code 48601-2551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary's of Michigan Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 19983685
 Amount of Each Receipt this Period
 350.00

C. Ms. Tina Weatherwax Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 2654 Loon lane
 City Okemos State MI Zip Code 48864-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Health Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 19983686
 Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 822.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 126
(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. Dr. Scott Larson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1531 Academy Street
 City Kalamazoo State MI Zip Code 49006-4400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group, Inc. Occupation Senior Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 19983689
 Amount of Each Receipt this Period
 262.50

B. Mr. Rodney M Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Burdette Street
 City Saint Ignace State MI Zip Code 49781-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mackinac Straits Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 19983694
 Amount of Each Receipt this Period
 350.00

C. Mr. Roger Spoelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 East Sherman Boulevard
 City Muskegon State MI Zip Code 49444-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health Partners, Mercy Campus Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 19983696
 Amount of Each Receipt this Period
 700.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1312.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Sam R. Watson
Full Name (Last, First, Middle Initial)

Mailing Address 1240 E. Mill Street

City Hastings State MI Zip Code 49058-9185

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

Name of Employer Michigan Health & Hospital Association Occupation Associate Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 06 / 13 / 2012
Transaction ID : 19983697

Amount of Each Receipt this Period 525.00

B. Ms. Gayle Resetar
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Drawer 1718

City Georgetown State SC Zip Code 29442

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

Name of Employer Georgetown Memorial Hospital Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2012
Transaction ID : 19983703

Amount of Each Receipt this Period 250.00

C. Mr. Richard E D'Alberto
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 976

City Clinton State SC Zip Code 29325-0976

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

Name of Employer Laurens County Health Care System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2012
Transaction ID : 19983704

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City State Zip Code
Johns Island SC 29455-3108

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

Name of Employer Occupation
Roper Hospital Vice President of System Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983707

Amount of Each Receipt this Period
500.00

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

Mailing Address 2095 Henry Tecklenburg Drive

City State Zip Code
Charleston SC 29414-5733

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

Name of Employer Occupation
Bon Secours St. Francis Hospital Senior Vice President and Chief Execut

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983708

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Mr. David L. Dunlap FACHE

Mailing Address 125 Doughty Street
Suite 760

City State Zip Code
Charleston SC 29403-5736

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

Name of Employer Occupation
Roper Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983709

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. George T. Edwards

Mailing Address 787 Shell Island Circle

City Charleston State SC Zip Code 29412

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

Name of Employer Roper Hospital Occupation Director of Legal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983710

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City Mt Pleasant State SC Zip Code 29464-4286

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

Name of Employer Roper Hospital Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983711

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Ms. Lisa Irvin RN, MSN, C

Mailing Address 316 Calhoun St

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital Occupation Vice President, Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983712

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 33 OF 126
(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

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

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983713

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Pennie L. Peralta RN, BSN

Mailing Address 2223 Hunter Creek Drive

City Charleston State SC Zip Code 29414-6705

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

Name of Employer Roper Hospital Occupation Vice President of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983714

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Matthew J Severance

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital Occupation Senior Vice President Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983715

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 126
(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. Dr. Steven D Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Calhoun Street
 City Charleston State SC Zip Code 29401-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital Occupation Vice President Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983716
 Amount of Each Receipt this Period
 250.00

B. Mr. John Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Calhoun Street
 City Charleston State SC Zip Code 29401-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital Occupation Vice President Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983718
 Amount of Each Receipt this Period
 500.00

C. Mr. Michael Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Calhoun Street
 City Charleston State SC Zip Code 29401-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : 19983719
 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 35 OF 126
(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. Ms. Diana Topjian MSN, CCRN
 Full Name (Last, First, Middle Initial)
 Mailing Address 632 Stoneboro Ct
 City Charleston State SC Zip Code 29412-2760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hospital Occupation Vice President /Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2012
Transaction ID : 19983720
 Amount of Each Receipt this Period 250.00

B. Mr. James L. Head Jr. FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Center Point Road
 City Columbia State SC Zip Code 29210-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Carolina Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2012
Transaction ID : 19983721
 Amount of Each Receipt this Period 250.00

C. Mr. Jimmy Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Center Point Road
 City Columbia State SC Zip Code 29210-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Carolina Hospital Association Occupation Senior Vice President, Regulatory and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2012
Transaction ID : 19983722
 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 36 OF 126
(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. Ms. Nancy Kay Graebner
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 South Main Street
 City Chelsea State MI Zip Code 48118-1383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chelsea Community Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983723
 Amount of Each Receipt this Period
 402.50

B. Mrs. Kathleen Harrelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6181 Karabrook Court
 City Kalamazoo State MI Zip Code 49009-8961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group, Inc. Occupation Vice President of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 19983724
 Amount of Each Receipt this Period
 262.50

C. Ms. Susan Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 Varnum Avenue
 City Lowell State MA Zip Code 01854-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lowell General Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989062
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 927.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 126
(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. Mr. John J. Dawidowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Brookshire Drive
 City Robbinsville State NJ Zip Code 08691-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Vice President & General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1196.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989072
 Amount of Each Receipt this Period
 7.50

B. Mr. Neil Eicher
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City Princeton State NJ Zip Code 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Deputy Director, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1552.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989076
 Amount of Each Receipt this Period
 7.50

C. Mr. Sean J. Hopkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6180 Lower Mountain Road
 City New Hope State PA Zip Code 18938-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1644.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989078
 Amount of Each Receipt this Period
 7.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 22.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William D. Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1549 North Valley Road
 City Malvern State PA Zip Code 19355-9796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1192.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989081
 Amount of Each Receipt this Period
 7.50

B. Mr. Randall J. Minniear
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Worthington Court
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Hospital Association Occupation Senior VP, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1567.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989088
 Amount of Each Receipt this Period
 7.50

C. Mr. Robert P Wise
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Canterbury Lane
 City Lebanon State NJ Zip Code 08833-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunterdon Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 19989100
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	765.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 1628

City State Zip Code
Grand Junction CO 81502-1628

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 18 / 2012
Transaction ID : 19989133

Amount of Each Receipt this Period
500.00

B. Mr. Russell William Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 106 Blanca Avenue

City State Zip Code
Alamosa CO 81101-2393

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

Name of Employer Occupation
San Luis Valley Regional Medical Cente Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 18 / 2012
Transaction ID : 19989134

Amount of Each Receipt this Period
500.00

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

Mailing Address 7335 East Orchard Rd, Ste 100

City State Zip Code
Greenwood Village CO 80111-2512

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 18 / 2012
Transaction ID : 19989145

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Bill Nelson		Date of Receipt MM / DD / YYYY 06 / 18 / 2012 Transaction ID : 19989170
Mailing Address 200 North Elm Street P.O. Box A		Amount of Each Receipt this Period 250.00
City Onamia	State MN	Zip Code 56359-7901
FEC ID number of contributing federal political committee. C	Name of Employer Mille Lacs Health System	Occupation Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Alan Schilmoeller		Date of Receipt MM / DD / YYYY 06 / 18 / 2012 Transaction ID : 19989172
Mailing Address 200 First Street, SW		Amount of Each Receipt this Period 500.00
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C	Name of Employer Mayo Clinic	Occupation Vice Chair, Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Eric Boley		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : 19989179
Mailing Address P O Box 390		Amount of Each Receipt this Period 250.00
City Kemmerer	State WY	Zip Code 83101-0390
FEC ID number of contributing federal political committee. C	Name of Employer South Lincoln Medical Center	Occupation Administrator and Chief Executive Offi
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James I Miller
Full Name (Last, First, Middle Initial)
Mailing Address 1155 Mill Street, Z-7

City Reno	State NV	Zip Code 89502-1576
--------------	-------------	------------------------

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

Name of Employer Renown Health	Occupation President and Chief Executive Officer
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : 19989180

Amount of Each Receipt this Period
500.00

B. Ms. Peggy Allen
Full Name (Last, First, Middle Initial)
Mailing Address 18839 Roundtree

City Oregon City	State OR	Zip Code 97045-3920
---------------------	-------------	------------------------

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

Name of Employer Oregon Association of Hospitals & Heal	Occupation Director of Finance
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : 19989231

Amount of Each Receipt this Period
500.00

c. Ms Gina Cole-Plasker
Full Name (Last, First, Middle Initial)
Mailing Address 17555 NW Waltuck Ct

City Portland	State OR	Zip Code 97229-8530
------------------	-------------	------------------------

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

Name of Employer Legacy Health	Occupation Gov. Affairs Officer
-----------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : 19989233

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 42 OF 126
(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. Mr. Andrew S Davidson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Kruse Way Place, Suite 2-100
 City State Zip Code
 Lake Oswego OR 97035-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Association of Hospitals and He President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989234
 Amount of Each Receipt this Period
 500.00

B. Mr. James A. Diegel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 NE Neff Road
 City State Zip Code
 Bend OR 97701-6015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Charles Health System, Inc. President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989235
 Amount of Each Receipt this Period
 500.00

C. Mr. Kevin Earls
 Full Name (Last, First, Middle Initial)
 Mailing Address 671 Kingwood Drive NW
 City State Zip Code
 Salem OR 97304-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Association of Hospitals & Heal Vice President of Policy and Advocacy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989236
 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 43 OF 126
(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

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

Mailing Address 258 Evergreen Road
#4

City Lake Oswego State OR Zip Code 97034-3145

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989237

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr Mark M. Enger

Mailing Address 123 NW 12 Ave

City Portland State OR Zip Code 97209-4143

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

Name of Employer Kaiser Permanente Occupation VP/COO, Care Delivery Operations Kaise

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989238

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Martha G Enriquez

Mailing Address 890 Oak Street SE, Building B
P.O. Box 14001

City Salem State OR Zip Code 97301-3905

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

Name of Employer Salem Hospital Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989239

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 44 OF 126
(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. Mr. Duane Francis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 East 19th Street
 City State Zip Code
 The Dalles OR 97058-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mid-Columbia Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989240
 Amount of Each Receipt this Period
 250.00

B. Ms. Cynthia M Grueber
 Full Name (Last, First, Middle Initial)
 Mailing Address 3181 SW Sam Jackson Park Road
 City State Zip Code
 Portland OR 97239-3011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OHSU Hospital Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989241
 Amount of Each Receipt this Period
 250.00

C. Mr. Paul Janke
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 Thompson Road
 City State Zip Code
 Coos Bay OR 97420-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Area Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989252
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 126
(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. Ms. Maryclair Jorgensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 20880 Tamar Lane
 City Bend State OR Zip Code 97702-0103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Charles Medical Center - Bend Occupation Director, Payor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989253
 Amount of Each Receipt this Period
 500.00

B. Mr. Thomas Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9670 SE 257 Ave
 City Damascus State OR Zip Code 97089-6353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adventist Medical Center 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 Y
 06 / 21 / 2012
Transaction ID : 19989256
 Amount of Each Receipt this Period
 500.00

C. Mr. Paul R Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Daggett Avenue
 City Klamath Falls State OR Zip Code 97601-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sky Lakes Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989257
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2690 Surrey Lane

City West Linn State OR Zip Code 97068-2268

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

Name of Employer Providence Health & Services Occupation Chief Executive Officer, Portland Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : 19989258

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City Lake Oswego State OR Zip Code 97035-5545

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : 19989259

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City Medford State OR Zip Code 97504-8170

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : 19989260

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Mr. John R Hicks		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 19989288
Mailing Address 1600 Prairie Center Parkway		Amount of Each Receipt this Period 250.00
City Brighton	State CO	Zip Code 80601-4006
FEC ID number of contributing federal political committee. C	Name of Employer Platte Valley Medical Center	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr Timothy Allen		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 19989291
Mailing Address 400 West 16th Street		Amount of Each Receipt this Period 250.00
City Pueblo	State CO	Zip Code 81003-2745
FEC ID number of contributing federal political committee. C	Name of Employer Parkview Medical Center	Occupation Senior Vice President/COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Bruce Schroffel		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 19989294
Mailing Address 12605 East 16th Avenue		Amount of Each Receipt this Period 250.00
City Aurora	State CO	Zip Code 80045-2545
FEC ID number of contributing federal political committee. C	Name of Employer University of Colorado Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 48 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael L Fordyce		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 19989295
Mailing Address 3425 South Clarkson Street		Amount of Each Receipt this Period 500.00
City Englewood	State CO	Zip Code 80113-2811
FEC ID number of contributing federal political committee. C		
Name of Employer Craig Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael A Scialdone		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 19989297
Mailing Address P O Box 1326		Amount of Each Receipt this Period 250.00
City Colorado Springs	State CO	Zip Code 80901-1326
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Health System	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr Barnard Buscemi		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : 19989308
Mailing Address 2796 Marshall Lake Drive		Amount of Each Receipt this Period 350.00
City Oakton	State VA	Zip Code 22124-1148
FEC ID number of contributing federal political committee. C		
Name of Employer Inova Health System	Occupation Investment Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

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

FOR LINE NUMBER: PAGE 49 OF 126
(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. Mr. J Michael Burris
 Full Name (Last, First, Middle Initial)
 Mailing Address 459 Locust Avenue
 City Charlottesville State VA Zip Code 22902-4808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martha Jefferson Hospital Occupation Vice President Corporate Services and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989309
 Amount of Each Receipt this Period
 350.00

B. Mr. Patrick L. Christiansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8377 Pedigree Ct
 City Gainesville State VA Zip Code 20155-3240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989310
 Amount of Each Receipt this Period
 350.00

C. Ms. Eileen Dohmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 6508 Flowerdew Hundred Ct.
 City Centreville State VA Zip Code 20120-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mary Washington Hospital Occupation Vice President, Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989311
 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 50 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Joanne Gutliph MD
Full Name (Last, First, Middle Initial)
Mailing Address 7965 Valderrama Ct.
City Gainesville State VA Zip Code 20155-2825
FEC ID number of contributing federal political committee. **C**
Name of Employer Prince William Hospital Occupation Physician/Trustee
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 21 / 2012
Transaction ID : 19989312
Amount of Each Receipt this Period 350.00

B. Mr. James D Krauss
Full Name (Last, First, Middle Initial)
Mailing Address 2010 Health Campus Drive
City Harrisonburg State VA Zip Code 22801-3293
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockingham Memorial Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 21 / 2012
Transaction ID : 19989313
Amount of Each Receipt this Period 350.00

C. Mr. Elliot H Kuida
Full Name (Last, First, Middle Initial)
Mailing Address 459 Locust Avenue
City Charlottesville State VA Zip Code 22902-9940
FEC ID number of contributing federal political committee. **C**
Name of Employer Martha Jefferson Hospital Occupation Vice President and Chief Operating Off
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 21 / 2012
Transaction ID : 19989314
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 51 OF 126
(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. Ms. Joan Roscoe
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 3340
 City Winchester State VA Zip Code 22604-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Health System Occupation Chief Information 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 Y
 06 / 21 / 2012
Transaction ID : 19989316
 Amount of Each Receipt this Period
 350.00

B. Mr. Michael Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 Kings Grant Road
 City Virginia Beach State VA Zip Code 23452-7051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Healthcare Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989317
 Amount of Each Receipt this Period
 350.00

C. Mr. David Knudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 E Slaten Court
 City Sioux Falls State SD Zip Code 57103-4641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Sr. Vice President- Strategic Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989370
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kelby K Krabbenhoft
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5039
 City State Zip Code
 Sioux Falls SD 57117-5039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sanford Health President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 19989371
 Amount of Each Receipt this Period
 250.00

B. Mr. Peter H Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 19021 Round Lake Road
 City State Zip Code
 Noblesville IN 46060-1586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Vincent Seton Specialty Hospital Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989403
 Amount of Each Receipt this Period
 250.00

C. Mr. Dennis W Dawes
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Brandywine Court
 City State Zip Code
 Brownsburg IN 46112-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hendricks Regional Health President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989417
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. R. Mark Ellison
 Full Name (Last, First, Middle Initial)
 Mailing Address 3040 Reflection Ct.
 City Greenwood State IN Zip Code 46143-6618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Indianapolis Hospital Occupation Exec. Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989422
 Amount of Each Receipt this Period
 500.00

B. Ms. Tonya Heim
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 2nd Avenue
 City Holland State IN Zip Code 47541-9506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital and Health Care Cent Occupation VP/Patient Services/CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989432
 Amount of Each Receipt this Period
 350.00

C. Ms. Katherine Humphreys
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 935
 City South Bend State IN Zip Code 46624-0935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Indianapolis Hospital Occupation Senior Vice President Government Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989434
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Robert Keen

Mailing Address 4539 E.500 N.

City State Zip Code
Greenfield IN 46140

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

Name of Employer Occupation
Hancock Regional Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989439

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. M Gregory Lintjer

Mailing Address 2133 E. Ash Maple Lane

City State Zip Code
Elkhart IN 46514-9012

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

Name of Employer Occupation
Elkhart General Healthcare System Advisor to the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989446

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Ronald L Mead

Mailing Address 4277 Sedge Ct.

City State Zip Code
Zionsville IN 46077-8526

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

Name of Employer Occupation
St. Vincent Health SVP/Chief Mission Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19989452

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mike Schroyer
Full Name (Last, First, Middle Initial)

Mailing Address 9065 Pebblepointe Circle

City Zionsville State IN Zip Code 46077-8992

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 20 / 2012**

Transaction ID : 19989471

Amount of Each Receipt this Period **375.00**

B. Thomas VanOsdol
Full Name (Last, First, Middle Initial)

Mailing Address 13772 Wyandotte Place

City Fishers State IN Zip Code 46038-4500

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

Name of Employer Saint John's Health System Occupation Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 20 / 2012**

Transaction ID : 19989479

Amount of Each Receipt this Period **500.00**

C. Ian Worden
Full Name (Last, First, Middle Initial)

Mailing Address 10749 King's Mill Dr.

City Carmel State IN Zip Code 46032-9467

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

Name of Employer St. Vincent Health Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 20 / 2012**

Transaction ID : 19989486

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Kathlene Young

Mailing Address 12599 Spring Violet Place

City Carmel State IN Zip Code 46033-9145

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : 19989487

Amount of Each Receipt this Period
350.00

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

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : 19993432

Amount of Each Receipt this Period
45.45

Full Name (Last, First, Middle Initial)
C. Ms. Jennifer Swenson

Mailing Address 630 Eaton Avenue

City Hamilton State OH Zip Code 45013-2767

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

Name of Employer Fort Hamilton Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : 19993435

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **895.45**

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

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

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

FOR LINE NUMBER: PAGE 57 OF 126
(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

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

Mailing Address 4958 Walnut Walk

City State Zip Code
Kettering OH 45429-1936

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

Name of Employer Occupation
Kettering Medical Center-Network Chief Operating Officer & Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19993436

Amount of Each Receipt this Period
500.00

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

Mailing Address P O Box 728

City State Zip Code
Fergus Falls MN 56538-0728

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

Name of Employer Occupation
Lake Region Healthcare Corporation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : 19993447

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Tommy H Mullins

Mailing Address 1521 Spars Creek Road

City State Zip Code
Danville WV 25053-8020

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

Name of Employer Occupation
Boone Memorial Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19993637

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael G Sellards
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Mayfair Way
 City Huntington State WV Zip Code 25705-3835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pallottine Health Services Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19993638
 Amount of Each Receipt this Period 500.00

B. Darryl L. Duncan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2014 Ices Ferry Drive
 City Morgantown State WV Zip Code 26508-8059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monongalia General Hospital Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19993639
 Amount of Each Receipt this Period 250.00

C. Mr. Mark Doak
 Full Name (Last, First, Middle Initial)
 Mailing Address RR 1 Box 180
 City Beverly State WV Zip Code 26253-9753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Davis Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19993641
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Toni R Ardabell , R.N.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Bremono Road
 City Richmond State VA Zip Code 23226-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Mary's Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19993649
 Amount of Each Receipt this Period 350.00

B. Ms. Mary L Blunt
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Hidden Harbor Ct.
 City Chesapeake State VA Zip Code 23322-7076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation Corporate Vice President and Administr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19993650
 Amount of Each Receipt this Period 350.00

C. Ms. Christine Candio
 Full Name (Last, First, Middle Initial)
 Mailing Address 5235 Bessley Place
 City Alexandria State VA Zip Code 22304-8647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Alexandria Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19993651
 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 60 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Vicky G. Gray
Full Name (Last, First, Middle Initial)

Mailing Address 653 Piney Point Rd.

City Virginia Beach State VA Zip Code 23452-2615

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

Name of Employer Sentara Healthcare Occupation Senior Vice President, Systems Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19993652

Amount of Each Receipt this Period
 350.00

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

Mailing Address 1281 Hebden Cove

City Virginia Bch State VA Zip Code 23452-4607

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

Name of Employer Sentara Healthcare Occupation Vice President, Medical 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 Y
 06 / 25 / 2012

Transaction ID : 19993653

Amount of Each Receipt this Period
 350.00

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

Mailing Address 4 Derby Drive

City Fredericksburg State VA Zip Code 22405-3315

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19993654

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 61 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. J Knox Singleton		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19993655
Mailing Address 8110 Gatehouse Road		Amount of Each Receipt this Period 350.00
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 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	

Full Name (Last, First, Middle Initial) B. Ms. Marion Swaim		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19993656
Mailing Address 2432 Laurel Cove		Amount of Each Receipt this Period 350.00
City Virginia Beach	State VA	Zip Code 23454-2055
FEC ID number of contributing federal political committee. C	Name of Employer Sentara Healthcare	Occupation Vice President, Health Information Ser
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Ms. LeeAnn Lucas-Helber		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : 19993662
Mailing Address P O Box 966		Amount of Each Receipt this Period 250.00
City Logan	State OH	Zip Code 43138-0966
FEC ID number of contributing federal political committee. C	Name of Employer Hocking Valley Community Hospital	Occupation President
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).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary L. Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 East Broad Street,
 15th Floor
 City Columbus State OH Zip Code 43215-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation Vice President & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19993896
 Amount of Each Receipt this Period
 1000.00

B. Mr. Bruce James
 Full Name (Last, First, Middle Initial)
 Mailing Address 659 Boulevard
 City Dover State OH Zip Code 44622-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19993897
 Amount of Each Receipt this Period
 250.00

c. Dr. Delos M Cosgrove
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19993905
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bryan J Bucklew
Full Name (Last, First, Middle Initial)

Mailing Address 2 Riverplace, Suite 400

City Dayton State OH Zip Code 45405-4936

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

Name of Employer Greater Dayton Area Hospital Associati Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 20 / 2012
Transaction ID : 19994026

Amount of Each Receipt this Period 500.00

B. Mr. Fred M DeGrandis
Full Name (Last, First, Middle Initial)

Mailing Address 18101 Lorain Avenue

City Cleveland State OH Zip Code 44111-5612

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

Name of Employer Cleveland Clinic Health System Occupation Chair, Community Physician Partnership

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 20 / 2012
Transaction ID : 19994034

Amount of Each Receipt this Period 1500.00

C. Dr. Joseph Hahn MD
Full Name (Last, First, Middle Initial)

Mailing Address 9500 Euclid

City Cleveland State OH Zip Code 44195-0001

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

Name of Employer Cleveland Clinic Health System Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 20 / 2012
Transaction ID : 19994035

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William M Peacock III
 Full Name (Last, First, Middle Initial)
 Mailing Address 27847 Berringer Run
 City Westlake State OH Zip Code 44145-3061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Health System Occupation Chief of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19994036
 Amount of Each Receipt this Period
 500.00

B. Mr. Robert Wyllie
 Full Name (Last, First, Middle Initial)
 Mailing Address 14691 Shire Ct.
 City Novelty State OH Zip Code 44072-9693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Health System Occupation Chief Medical Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19994037
 Amount of Each Receipt this Period
 500.00

C. Mr. Ryan Biles
 Full Name (Last, First, Middle Initial)
 Mailing Address 1503 Runaway Bay Drive Suite 1B
 City Columbus State OH Zip Code 43204-4814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation Director, Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 19994043
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3900 West Avera Drive, Suite 301

City Sioux Falls	State SD	Zip Code 57108-5721
---------------------	-------------	------------------------

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

Name of Employer Avera Health	Occupation Chief Operating Officer
----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19994047

Amount of Each Receipt this Period

175.00

B. Ms. Deb Fischer-Clemens
Full Name (Last, First, Middle Initial)

Mailing Address 3217 W Zephyr Pl #1

City Sioux Falls	State SD	Zip Code 57108-5029
---------------------	-------------	------------------------

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

Name of Employer Avera Health	Occupation Director of Public Policy
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19994065

Amount of Each Receipt this Period

175.00

C. Mr. Keith T Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 272 Hospital Road

City Chillicothe	State OH	Zip Code 45601-9031
---------------------	-------------	------------------------

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

Name of Employer Adena Health System	Occupation Chief Financial Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19994627

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 272 Hospital Road

City Chillicothe State OH Zip Code 45601-9031

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19994715

Amount of Each Receipt this Period
 250.00

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

Mailing Address 257 Clouse Lane

City Granville State OH Zip Code 43023-1428

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

Name of Employer Ohio Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19994996

Amount of Each Receipt this Period
 500.00

c. Dr. Stacy Goldsholl
Full Name (Last, First, Middle Initial)

Mailing Address 11621 Dice Road

City Freeland State MI Zip Code 48623-9280

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

Name of Employer Covenant Medical Group Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19995004

Amount of Each Receipt this Period
 245.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 995.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 126
(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. Mr. Michael R Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Queen City Avenue
 City Cincinnati State OH Zip Code 45238-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Mount Airy Occupation President and Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995012
 Amount of Each Receipt this Period 250.00

B. Mr Jay Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 Burnet Avenue
 City Cincinnati State OH Zip Code 45229-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Health Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995018
 Amount of Each Receipt this Period 250.00

C. Mr. Anthony Condia
 Full Name (Last, First, Middle Initial)
 Mailing Address 2906 Woodrow Ave.
 City Cincinnati State OH Zip Code 45211-7819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Health Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995019
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Deborah E. Endres
 Full Name (Last, First, Middle Initial)
 Mailing Address 1082 Buckeye Court
 City State Zip Code
 Mason OH 45040-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fort Hamilton Hospital Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19995020
 Amount of Each Receipt this Period
 250.00

B. Mr. Robert G Riney
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Kenwood
 City State Zip Code
 Grosse Pointe Farms MI 48236-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Henry Ford Health System President and Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19995032
 Amount of Each Receipt this Period
 350.00

C. Ms. Nancy M Schlichting
 Full Name (Last, First, Middle Initial)
 Mailing Address One Ford Place
 City State Zip Code
 Detroit MI 48202-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Henry Ford Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19995034
 Amount of Each Receipt this Period
 350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms Gayla Harvey		Date of Receipt
Mailing Address 24 Gunpowder Rdg.		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City State Zip Code Fort Thomas KY 41075-1001		Transaction ID : 19995050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer UC Health	Occupation Senior Vice President, Strategic Plann	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Sandra Heimann		Date of Receipt
Mailing Address 9000 Kugler Mill Rd		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City State Zip Code Cincinnati OH 45243-1524		Transaction ID : 19995051
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer UC Health	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Rick Hinds		Date of Receipt
Mailing Address 3200 Burnet Avenue		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City State Zip Code Cincinnati OH 45229-3019		Transaction ID : 19995052
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer UC Health Surgical Hospital	Occupation Executive Vice President and Chief Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 70 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3200 Burnet Avenue

City Cincinnati State OH Zip Code 45229-3019

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

Name of Employer UC Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995075

Amount of Each Receipt this Period 1250.00

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

Mailing Address 400 Pike Street #504

City Cincinnati State OH Zip Code 45202-4232

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

Name of Employer UC Health Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995077

Amount of Each Receipt this Period 425.00

C. Ms. Dennis A. Robb
Full Name (Last, First, Middle Initial)

Mailing Address 664 Heavenly Lane

City Cincinnati State OH Zip Code 45238-4812

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

Name of Employer UC Health Occupation Senior Vice President, Supply Chain Ma

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995078

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1925.00

TOTAL This Period (last page this line 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 71 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. George Strike
Full Name (Last, First, Middle Initial)
Mailing Address 5050 Section Avenue

City Cincinnati	State OH	Zip Code 45212-2052
--------------------	-------------	------------------------

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

Name of Employer University Hospital	Occupation Board Member
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995083

Amount of Each Receipt this Period
250.00

B. Mr. Robert Wones
Full Name (Last, First, Middle Initial)
Mailing Address 3200 Burnet Avenue

City Cincinnati	State OH	Zip Code 45229-3019
--------------------	-------------	------------------------

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

Name of Employer UC Health	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
06	/	25	/	2012

Transaction ID : 19995085

Amount of Each Receipt this Period
250.00

C. Mr. Jeffrey L. Wyler
Full Name (Last, First, Middle Initial)
Mailing Address 3200 Burnet Avenue

City Cincinnati	State OH	Zip Code 45229-3099
--------------------	-------------	------------------------

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

Name of Employer UC Health	Occupation Trustee
-------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995086

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 72 OF 126
(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. Ms. Kathleen Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 900
 City State Zip Code
 Seattle WA 98111-0900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Mason Medical Center Vice President Communications and Publ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19995091
 Amount of Each Receipt this Period
 250.00

B. Mr. Scott W Bosch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2520 Cherry Avenue
 City State Zip Code
 Bremerton WA 98310-4270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harrison Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19995092
 Amount of Each Receipt this Period
 500.00

C. Dr. Kevin Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 University Drive
 City State Zip Code
 West Chester OH 45069-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Chester Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : 19995097
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2464 Guilford RD

City Cleveland Heights State OH Zip Code 44118-4104

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

Name of Employer University Hospitals Occupation Chief Quality Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19995098

Amount of Each Receipt this Period
 500.00

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

Mailing Address 12340 Bass Lake Road

City Chardon State OH Zip Code 44024-8327

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

Name of Employer University Hospitals Occupation President, Community Hospitals & Ambul

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19995099

Amount of Each Receipt this Period
 500.00

C. Ms. Catherine Koppelman MSN, RN, N
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Ave

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : 19995101

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Steven Standley
Full Name (Last, First, Middle Initial)

Mailing Address 3605 Warrensville Center Rd # MSC9

City Beachwood	State OH	Zip Code 44122-5203
-------------------	-------------	------------------------

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

Name of Employer St. Vincent Charity Medical Center	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995102

Amount of Each Receipt this Period
500.00

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

Mailing Address 170 South Victor Way

City Crossville	State TN	Zip Code 38555-5031
--------------------	-------------	------------------------

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

Name of Employer Cumberland Medical Center	Occupation Hospital Board Chair
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995121

Amount of Each Receipt this Period
250.00

C. Mr. Bobby Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 620 Skyline Drive

City Jackson	State TN	Zip Code 38301-3923
-----------------	-------------	------------------------

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

Name of Employer West Tennessee Healthcare	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995122

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: (check only one)	PAGE 75 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Beth Berry
Full Name (Last, First, Middle Initial)

Mailing Address 500 Interstate Boulevard South

City	State	Zip Code
Nashville	TN	37210-4634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995123

Amount of Each Receipt this Period
300.00

B. Ms. Bennett L Cox
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Highway, Box 81

City	State	Zip Code
Knoxville	TN	37920-1511

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

Name of Employer	Occupation
University of Tennessee Medical Center	Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995125

Amount of Each Receipt this Period
250.00

C. Mr. Fred Gattas Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 17 S. Yates

City	State	Zip Code
Memphis	TN	38120-2041

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

Name of Employer	Occupation
St. Jude Children's Research Hospital	Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 19995127

Amount of Each Receipt this Period
350.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 126
(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. Mr. James L. Goodloe
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Blvd. South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995129
 Amount of Each Receipt this Period 300.00

B. Mr. David Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Medical Center Way Suite 200
 City Knoxville State TN Zip Code 37920-3282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Medical Center Occupation Senior Vice President and Chief Operat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995130
 Amount of Each Receipt this Period 250.00

C. Mr. Michael Huggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Hospital Association Occupation Senior Executive Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 25 / 2012
Transaction ID : 19995132
 Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Medley		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19995138
Mailing Address 501 Corporate Centre Drive, Suite		Amount of Each Receipt this Period 750.00
City Franklin	State TN	Zip Code 37067-2662
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation President, Hospital Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert Otwell		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19995140
Mailing Address 1224 Trotwood Avenue		Amount of Each Receipt this Period 1000.00
City Columbia	State TN	Zip Code 38401-4802
FEC ID number of contributing federal political committee. C		
Name of Employer Maury Regional Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ms. Darlene Swart		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19995143
Mailing Address 500 Interstate Blvd. S		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Vice President and Clinical Director	
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).....▶	2250.00
TOTAL This Period (last page this line 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 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Ms. Leticia Towns		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19995146
Mailing Address 877 Jefferson Avenue		Amount of Each Receipt this Period 350.00
City Memphis	State TN	Zip Code 38103-2807
FEC ID number of contributing federal political committee. C		
Name of Employer Regional Medical Center at Memphis	Occupation VP, Government Relations & Public Poli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Karen Utley		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : 19995147
Mailing Address 620 Skyline Drive		Amount of Each Receipt this Period 350.00
City Jackson	State TN	Zip Code 38301-3923
FEC ID number of contributing federal political committee. C		
Name of Employer Jackson-Madison County General Hospita	Occupation Vice President System Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Ms. Donna K. Sollenberger		Date of Receipt MM / DD / YYYY 06 / 28 / 2012 Transaction ID : 19995164
Mailing Address 301 University Blvd RT 01-28		Amount of Each Receipt this Period 2500.00
City Galveston	State TX	Zip Code 77555-5302
FEC ID number of contributing federal political committee. C		
Name of Employer University of Texas Medical Branch Hos	Occupation Executive Vice President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 OF 126
(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. Mr. Alfred L. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9803 SE State Route T
 City Easton State MO Zip Code 64443-4163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heartland Health Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : 19995166
 Amount of Each Receipt this Period
 350.00

B. Mr. John R Broberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Parkshire Cir
 City Manhattan State KS Zip Code 66503-2475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Regional Health Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : 19995183
 Amount of Each Receipt this Period
 250.00

C. Mr. John L Jacobson
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Raven Hill Drive
 City Atchison State KS Zip Code 66002-9204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atchison Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : 19995186
 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: (check only one)	PAGE 80 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Fred J. Lucky		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 Transaction ID : 19995187
Mailing Address 14607 W 89		Amount of Each Receipt this Period 269.22
City Lenexa	State KS	Zip Code 66215-2967
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.21	

Full Name (Last, First, Middle Initial) B. Mr. Greg Lundstrom		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 Transaction ID : 19995188
Mailing Address 605 West Lincoln Street		Amount of Each Receipt this Period 250.00
City Lindsborg	State KS	Zip Code 67456-2328
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Hospital Association	Occupation Director of Hospital Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. David A. Neuendorf FACHE		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 Transaction ID : 19995218
Mailing Address 1960 Windsor Court		Amount of Each Receipt this Period 250.00
City Mexico	State MO	Zip Code 65265-1181
FEC ID number of contributing federal political committee. C		
Name of Employer Audrain Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	769.22
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: PAGE 81 OF 126
(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. Mr. Victor A Broccolino
 Full Name (Last, First, Middle Initial)
 Mailing Address 5755 Cedar Lane
 City Columbia State MD Zip Code 21044-2999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard County General Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : 19995500
 Amount of Each Receipt this Period
 240.16

B. Mr. Thomas R Mullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4364 Bachelors Point Road PO Box 374
 City Oxford State MD Zip Code 21654-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : 19995552
 Amount of Each Receipt this Period
 306.00

C. Dr. Richard Aubut
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Fogg Road
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : 19995774
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1296.16
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark R Tolosky		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 19995775
Mailing Address 759 Chestnut Street		Amount of Each Receipt this Period 750.00
City Springfield	State MA	Zip Code 01199-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Baystate Health, Inc.	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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Mr. Mark Keroack		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 19995777
Mailing Address 759 Chestnut Street		Amount of Each Receipt this Period 375.00
City Springfield	State MA	Zip Code 01199-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Baystate Health, Inc.	Occupation Chief Physician Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Mr. John J. Dawidowski		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 Transaction ID : 20000728
Mailing Address 17 Brookshire Drive		Amount of Each Receipt this Period 7.50
City Robbinsville	State NJ	Zip Code 08691-2554
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.50
Name of Employer New Jersey Hospital Association	Occupation Vice President & General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1188.75	

SUBTOTAL of Receipts This Page (optional).....▶	1132.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Mr. Neil Eicher
 Mailing Address 760 Alexander Road
 City State Zip Code
 Princeton NJ 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Deputy Director, Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1545.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 20000732
 Amount of Each Receipt this Period
 7.50

Full Name (Last, First, Middle Initial)
B. Mr. Sean J. Hopkins
 Mailing Address 6180 Lower Mountain Road
 City State Zip Code
 New Hope PA 18938-5760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Sr. VP., Health Economics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1636.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 20000735
 Amount of Each Receipt this Period
 7.50

Full Name (Last, First, Middle Initial)
C. Mr. William D. Kennedy
 Mailing Address 1549 North Valley Road
 City State Zip Code
 Malvern PA 19355-9796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1185.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 20000736
 Amount of Each Receipt this Period
 7.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 22.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 OF 126 (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

Full Name (Last, First, Middle Initial) A. Mr. Randall J. Minniear Mailing Address 3901 Worthington Court City State Zip Code Freehold NJ 07728 FEC ID number of contributing federal political committee. C Name of Employer Occupation New Jersey Hospital Association Senior VP, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2012 Transaction ID : 20000742 Amount of Each Receipt this Period 7.50 Aggregate Year-to-Date ▼ 1560.00
--	---

Full Name (Last, First, Middle Initial) B. Mr. Leslie D Hirsch Mailing Address 28 MacKenzie Lane North City State Zip Code Denville NJ 07834-2954 FEC ID number of contributing federal political committee. C Name of Employer Occupation Saint Clare's Health System President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2012 Transaction ID : 20000755 Amount of Each Receipt this Period 150.00 Aggregate Year-to-Date ▼ 457.53
--	--

Full Name (Last, First, Middle Initial) C. Dr. Joseph A Trunfio Mailing Address 10 Eagle Rock Drive City State Zip Code Boonton Township NJ 07005-9520 FEC ID number of contributing federal political committee. C Name of Employer Occupation Atlantic Health President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2012 Transaction ID : 20000756 Amount of Each Receipt this Period 1500.00 Aggregate Year-to-Date ▼ 1500.00
---	--

SUBTOTAL of Receipts This Page (optional).....▶	1657.50
TOTAL This Period (last page this line number only).....▶	1657.50

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

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

FOR LINE NUMBER: PAGE 85 OF 126
(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

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1674.99

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2012
Transaction ID : 20000757

Amount of Each Receipt this Period
30.62

Full Name (Last, First, Middle Initial)
B. 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 Occupation
American Hospital Association-Washingt Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1045726226415

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

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

Name of Employer Occupation
American Hospital Association-Washingt VP Research Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1057462126415

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 261.44

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: (check only one)	PAGE 86 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jack A. Mackay			Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address One North Franklin			Transaction ID : PR1347703626415
City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 57.72
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12		P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Mark Colucci			Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1061 N Penny Ln			Transaction ID : PR1475133726415
City Palatine	State IL	Zip Code 60067-1821	Amount of Each Receipt this Period 57.72
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation National Director Sponsorship and Unde		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12		P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Stephanie H. Drake			Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address One North Franklin			Transaction ID : PR1492459926415
City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 115.41
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Associate Executive Director - ASHHRA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11		P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.85
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 126
(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. Ms. Lisa Grabert
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1671258626415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Erik Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1819487926415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Shari Dexter
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Political Action
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1878189826415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.54
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Janet Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 North Wacker Drive
 City Chicago State IL Zip Code 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **229.24**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1937843126415
 Amount of Each Receipt this Period **62.52**
 P/R Deduction (\$20.84 Bi-Weekly)

B. Ms. Linda Fishman
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.11**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR327629126415
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Michael P. McCue
 Full Name (Last, First, Middle Initial)
 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 **250.12**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR327771626415
 Amount of Each Receipt this Period **57.72**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	235.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.86**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR32777226415

Amount of Each Receipt this Period **59.16**

P/R Deduction (\$19.72 Bi-Weekly)

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

Mailing Address 1022 S. Harvey Avenue

City Oak Park State IL Zip Code 60304-2132

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR32777826415

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 1003 Kimberly Place

City Great Falls State VA Zip Code 22066-1546

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR327801726415

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **232.29**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 Chief Executive Officer, AONE & Sr. Vi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
06 / 30 / 2012
Transaction ID : PR327812026415

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
06 / 30 / 2012
Transaction ID : PR327831726415

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

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

Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
06 / 30 / 2012
Transaction ID : PR327846226415

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR327851926415

Amount of Each Receipt this Period 57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR327858026415

Amount of Each Receipt this Period 115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR327877826415

Amount of Each Receipt this Period 115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 North Garland Court
 #3002
 City Chicago State IL Zip Code 60602-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR327895726415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR328132826415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Barbara Lorsbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 7th Ave
 City La Grange State IL Zip Code 60525-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR328136926415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 346.23
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 93 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt
 / /
Transaction ID : PR328223826415

Amount of Each Receipt this Period

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City Eagle State ID Zip Code 83616-5369

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.60**

Date of Receipt
 / /
Transaction ID : PR328241426415

Amount of Each Receipt this Period

P/R Deduction (\$41.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt
 / /
Transaction ID : PR328260926415

Amount of Each Receipt this Period

P/R Deduction (\$38.47 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City Yardley State PA Zip Code 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR328511826415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City Arlington State VA Zip Code 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.92

Date of Receipt 06 / 30 / 2012
Transaction ID : PR328512026415
 Amount of Each Receipt this Period 141.00
 P/R Deduction (\$47.00 Bi-Weekly)

C. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 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 Director, Health Data Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR328641126415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	314.13
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
American Hospital Association-Chicago President & CEO, AHA Solutions, Inc. &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
06 / 30 / 2012
Transaction ID : PR328913326415

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. 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 Occupation
American Hospital Association-Chicago SPSA Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
06 / 30 / 2012
Transaction ID : PR329013426415

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
06 / 30 / 2012
Transaction ID : PR329071326415

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Robyn L. Bash
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR329084426415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

B. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR329215726415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR330343326415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **454.60**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR330411626415

Amount of Each Receipt this Period **125.88**

P/R Deduction (\$41.96 Bi-Weekly)

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

Mailing Address 4960 138th Circle West

City Apple Valley State MN Zip Code 55124-9229

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR330475426415

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Gene O'Dell
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR330547726415

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **299.01**

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

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

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

FOR LINE NUMBER: PAGE 98 OF 126
(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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
American Hospital Association-Chicago Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR330549226415

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 60634-3232

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR331098326415

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. 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 Occupation
American Hospital Association-Washingt Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.86

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR331278826415

Amount of Each Receipt this Period
59.16

P/R Deduction (\$19.72 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.29

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 West Glendale Ave.
 City Alexandria State VA Zip Code 22301-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR331304226415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Donald May
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 Great Falls St.
 City Falls Church State VA Zip Code 22046-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR331533226415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Elizabeth Summy
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR346168126415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	346.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2012
Transaction ID : PR518031926415
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Laura M. Werner
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR560101526415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Carlos Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 City Washington State DC Zip Code 20004-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR566280926415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.85
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 126
(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. Ms. Ashley B. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.63

Date of Receipt 06 / 30 / 2012
Transaction ID : PR766023726415
 Amount of Each Receipt this Period 88.95
 P/R Deduction (\$29.65 Bi-Weekly)

B. Ms. Lisa Kidder Hrobsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2012
Transaction ID : PR876637226415
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	146.67
TOTAL This Period (last page this line number only).....▶	98476.39

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 126
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One Empire Drive

City Rensselaer State NY Zip Code 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 ▼
150000.00

Date of Receipt
06 / 08 / 2012

Transaction ID : 19973452

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
B. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C C00422881**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5015.00

Date of Receipt
06 / 12 / 2012

Transaction ID : 19983673

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City Sacramento State CA Zip Code 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 ▼
160000.00

Date of Receipt
06 / 21 / 2012

Transaction ID : 19989063

Amount of Each Receipt this Period
20000.00

SUBTOTAL of Receipts This Page (optional).....▶	30400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 126
(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. AZHHA Political Action Committee (Federal)
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 North Central Avenue
 Suite 900
 City Phoenix State AZ Zip Code 85012
 FEC ID number of contributing federal political committee. **C** C00217687
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : 19993429
 Amount of Each Receipt this Period
 5000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	35400.00

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

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

FOR LINE NUMBER: PAGE 104 OF 126
(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. TD Bank

Full Name (Last, First, Middle Initial)

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1670.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : 20000752

Amount of Each Receipt this Period
299.07

Interest Earned

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	299.07
TOTAL This Period (last page this line number only).....▶	299.07

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20000753

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20000754

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20000759

Amount of Each Disbursement this Period

Merchant Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee for a Livable Future

Mailing Address 921 SW Washington Street
Suite 470

City Portland State OR Zip Code 97205

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Committee for a Livable Future

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 19968081

Amount of Each Disbursement this Period

250.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. TENN PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2012 Contribution

011

Candidate Name

TENN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 19968083

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Strickland For Congress 2012

Mailing Address 603 E Alton Ave Ste H

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Anthony Strickland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 19968084

Amount of Each Disbursement this Period

2500.00

Contribution

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

3750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tony Cardenas For Congress

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Contribution

Candidate Name

Mr. Tony Cardenas

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19968085

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19968086

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. PAUL PAC

Mailing Address 911 Central Avenue - PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
2012 Contribution

Candidate Name

PAUL PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19968089

Amount of Each Disbursement this Period

2012 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

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

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ron Kind

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : 19968091

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott E. Rigell

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : 19968092

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Contribution

Candidate Name

Rep. John F. Tierney

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : 19968093

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : 19968094

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 830 NE Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : 19979103

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Huizenga For Congress

Mailing Address 441 Williams Court

City State Zip Code
Zeeland MI 49464

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill Huizenga

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : 19979104

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rangel For Congress

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles B. Rangel

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : 19979106

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rangel For Congress

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles B. Rangel

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : 19979108

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert W. Goodlatte

Office Sought: House
 Senate
 President
State: VA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : 19979117

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dewhurst For Texas

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution

Candidate Name

Mr. David Dewhurst

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2012
 Primary General
 Other (specify) **Runoff2012**

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : 19979126

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution

Candidate Name

Rep. S. Brett Guthrie

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) **Runoff2012**

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : 19979127

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nita M. Lowey

Office Sought: House
 Senate
 President

State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) **Runoff2012**

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2012

Transaction ID : 19979129

Amount of Each Disbursement this Period

500.00

Contribution

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

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

6500.00

**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

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

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 919 Congress Ave.
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Contribution

011
Category/
Type

Candidate Name
Alamo PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19979130

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Forbes For Congress

Mailing Address PO Box 15100

City Chesapeake State VA Zip Code 23328

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. J. Randy Forbes

Office Sought: House
 Senate
 President
State: VA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19979131

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. COATS PAC (Conservatives Organized to Ad

Mailing Address PO Box 30114

City Indianapolis State IN Zip Code 46230

Purpose of Disbursement
2012 Contribution

011
Category/
Type

Candidate Name
COATS PAC (Conservatives Organized to Ad

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19979133

Amount of Each Disbursement this Period

2012 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

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

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address 309 N Baldwin St

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution

Candidate Name

Mr. Mark Pocan

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2012			

Transaction ID : 19979134

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter Welch

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2012			

Transaction ID : 19979141

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Frederica S. Wilson For Congress

Mailing Address 19821 Nw 2nd Avenue
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frederica S. Wilson

Office Sought: House
 Senate
 President
State: FL District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2012			

Transaction ID : 19979142

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

4000.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Cliff Stearns

Mailing Address PO Box 308

City Silver Springs State FL Zip Code 34489

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Clifford B. Stearns

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : 19979143

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ileana Ros-Lehtinen

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : 19979145

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tom Rooney For Congress

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda State FL Zip Code 33950

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas J. Rooney

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : 19979146

Amount of Each Disbursement this Period

2500.00

Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Corrine Brown

Mailing Address 3563 Carriage Walk Lane

City State Zip Code
Laurel MD 20724

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Corrine Brown

Office Sought: House
 Senate
 President
State: FL District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
06 / 13 / 2012

Transaction ID : 19979147

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City State Zip Code
Sarasota FL 34230

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Vern Buchanan

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
06 / 13 / 2012

Transaction ID : 19979148

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Ted Deutch

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
06 / 13 / 2012

Transaction ID : 19979149

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

8500.00

**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

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

Full Name (Last, First, Middle Initial)

A. Ted Deutch For Congress Committee

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ted Deutch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	2

Transaction ID : 19979150

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Mario Diaz-Balart For Congress

Mailing Address 8770 Sw 72nd Street
420

City Miami State FL Zip Code 33173

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mario Diaz-Balart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	2

Transaction ID : 19979151

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater America

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	2

Transaction ID : 19988360

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 Contribution

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brian Higgins For Congress

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brian M. Higgins

Office Sought: House
 Senate
 President
State: NY District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19988361

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Contribution

Candidate Name

National Republican Congressional Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19988362

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Meadows For Congress

Mailing Address PO Box 811

City Highlands State NC Zip Code 28741

Purpose of Disbursement
Contribution

Candidate Name

Mr. Mark Meadows

Office Sought: House
 Senate
 President
State: NC District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19988365

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Coble For Congress

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Howard Coble

Office Sought: House
 Senate
 President
State: NC District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 19988367

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Carolyn McCarthy

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : 19988368

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Nita M. Lowey

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : 19989727

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

5500.00

**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

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

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

/ /

Transaction ID : 19989729

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City State Zip Code
Lumberton NC 28359

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Mike McIntyre

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

/ /

Transaction ID : 19989739

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City State Zip Code
Lumberton NC 28359

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Mike McIntyre

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

/ /

Transaction ID : 19989744

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

Transaction ID : 19989745

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

Transaction ID : 19989747

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Chaka Fattah

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	2

Transaction ID : 19989748

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 19989752

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael F. Doyle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 19989753

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Congressman George Miller

Mailing Address Post Office Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. George Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 19989755

Amount of Each Disbursement this Period

2000.00

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**

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State Zip Code
State College PA 16804

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Glenn W. Thompson

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 19989757

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles W. Dent

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 19989758

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick L. Meehan

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : 19989762

Amount of Each Disbursement this Period

1000.00

Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris Van Hollen

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19989767

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Contribution

Candidate Name

Ms. Cheri Bustos

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19989774

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Fitzpatrick For Congress

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael Fitzpatrick

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19989776

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Mailing Address PO Box 30344

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2012 Contribution

011
Category/
Type

Candidate Name
GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : 19989780

Amount of Each Disbursement this Period
 1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Bill Owens For Congress

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Bill Owens

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : 19989783

Amount of Each Disbursement this Period
 500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Casey for Senate Committee

Mailing Address 30 South 15th Street
Suite 400

City State Zip Code
Philadelphia PA 19102

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Sen. Bob Casey

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : 20000883

Amount of Each Disbursement this Period
 2500.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Robert Hurt For Congress		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address PO Box 8		Transaction ID : 20000886
City Chatham	State VA	
Zip Code 24531	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name Rep. Robert Hurt	Category/ Type 011	Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 05		

Full Name (Last, First, Middle Initial) B. Morgan Griffith For Congress		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address PO Box 361		Transaction ID : 20000887
City Christiansburg	State VA	
Zip Code 24068	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1500.00
Candidate Name Rep. Morgan H. Griffith	Category/ Type 011	Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 09		

Full Name (Last, First, Middle Initial) C. Pastor For Arizona		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address PO Box 1978		Transaction ID : 20000888
City Phoenix	State AZ	
Zip Code 85001	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Ed Pastor	Category/ Type 011	Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 07		

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

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

3000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Alaskans For Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524

Purpose of Disbursement
2014 Contribution

Candidate Name

Mr. Mark Begich

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : 20000892

Amount of Each Disbursement this Period

1000.00

2014 Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

109750.00