



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1339674.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1863414.35									
(c) Total Receipts (from Line 19) .....	216878.51	1637418.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2080292.86	2977092.29								
7. Total Disbursements (from Line 31) .....	65901.18	962700.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2014391.68	2014391.68								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	107896.47	731723.60
(ii) Unitemized .....	50879.90	324478.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	158776.37	1056202.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	158776.37	1056202.53
12. Transfers From Affiliated/Other Party Committees .....	57849.00	556210.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	253.14	3005.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	216878.51	1637418.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	216878.51	1637418.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	401.18	5891.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	401.18	5891.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65500.00	952991.69
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	900.00
(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	900.00
29. Other Disbursements.....	0.00	2917.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65901.18	962700.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65901.18	962700.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	158776.37	1056202.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	158776.37	1055302.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	401.18	5891.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	401.18	5891.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 3394 Creek View

City Medford State OR Zip Code 97504-9624

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

Name of Employer Asante Health System Occupation Vice President of Medical Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17653480**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Earls

Mailing Address 671 Kingwood Drive NW

City Salem State OR Zip Code 97304

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

Name of Employer Oregon Association of Hospitals & Health Occuption Vice President, Finance & Health Polic

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17653481**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marvin Haas

Mailing Address 2650 Siskiyou Blvd.

City Medford State OR Zip Code 97504-8170

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

Name of Employer Asante Health System Occupation Vice President, Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17653482**  
 Amount of Each Receipt this Period: 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Terry O Finklein

Mailing Address 2111 Exchange Street

City Astoria State OR Zip Code 97103-3329

FEC ID number of contributing federal political committee. C

Name of Employer Columbia Memorial 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  
1 1 / 0 2 / 2 0 0 9

**Transaction ID:** 17653484

Amount of Each Receipt this Period 250.00

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

Mailing Address 1131 Michael Lane

City Eagle Point State OR Zip Code 97524-9509

FEC ID number of contributing federal political committee. C

Name of Employer Asante Health System Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

**Transaction ID:** 17653490

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Tim Hermann

Mailing Address 1965 Alder St

City Eugene State OR Zip Code 97405-2937

FEC ID number of contributing federal political committee. C

Name of Employer Sacred Heart Medical Center Occupation Regional VP Hosp. Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

**Transaction ID:** 17653493

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Skip Kriz	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 3370 Lakeview Drive	<b>Transaction ID:</b> 17653505
	City State Zip Code Eugene OR 97408-7207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Sacred Heart Medical Center 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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mel Pyne	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 3015 Summit Sky Blvd.	<b>Transaction ID:</b> 17653507
	City State Zip Code Eugene OR 97405-6253	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: PeaceHealth Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Terry Murphy	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 640 South State Street	<b>Transaction ID:</b> 17655944
	City State Zip Code Dover DE 19901-3597	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Bayhealth Medical Center Occupation: Executive Vice President and Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Deborah L. Watson

Mailing Address 77 Brynberry Court

City State Zip Code  
Magnolia DE 19962-1596

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

Name of Employer Occupation  
Bayhealth Medical Center Vice President

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

Date of Receipt

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

Transaction ID: 17655945

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Bonnie Perratto

Mailing Address 6 Derbyshire Ct.

City State Zip Code  
Dover DE 19904-5746

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

Name of Employer Occupation  
Bayhealth Medical Center Sr.VP/Chief Nurse Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: 17655948

Amount of Each Receipt this Period

175.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Joel Beiswenger

Mailing Address 415 North Jefferson Street

City State Zip Code  
Wadena MN 56482-1297

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

Name of Employer Occupation  
Tri-County Hospital Director Financial Services

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

Date of Receipt

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

Transaction ID: 17655960

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 10 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Mailing Address 2550 University Avenue W.  
Suite 350-S

Transaction ID: 17655963

City Saint Paul State MN Zip Code 55114-1052

Amount of Each Receipt this Period  
67.30

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

Name of Employer Minnesota Hospital Association Occupation Director, Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.80

**B.**

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

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Mailing Address 1300 Anne St. NW

Transaction ID: 17655964

City Bemidji State MN Zip Code 56601-5103

Amount of Each Receipt this Period  
75.00

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

**C.**

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

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Mailing Address 2550 University Avenue W.

Transaction ID: 17655966

City Saint Paul State MN Zip Code 55114-1052

Amount of Each Receipt this Period  
74.02

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Work Force

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.49

**SUBTOTAL** of Receipts This Page (optional) ..... ► **216.32**

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

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

Name of Employer Occupation  
Minnesota Hospital Association President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17655967

Amount of Each Receipt this Period  
20.00

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

Mailing Address 301 Second Street Northeast

City State Zip Code  
New Prague MN 56071-1709

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

Name of Employer Occupation  
Queen of Peace Hospital Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17655968

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1045 Ashland Place

City State Zip Code  
Lynchburg VA 24503-2533

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

Name of Employer Occupation  
Centra Health Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17655980

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Lewis C Addison

Mailing Address 1920 Atherholt Road

City Lynchburg State VA Zip Code 24501-1104

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

Name of Employer Centra Health Occupation Senior Vice President and Chief Financial Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
**Transaction ID: 17655981**  
 Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rodger H Baker

Mailing Address 500 Hospital Drive

City Warrenton State VA Zip Code 20186-3027

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

Name of Employer Fauquier Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
**Transaction ID: 17655982**  
 Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Sean T. Barden

Mailing Address 11422 Bluff's Ridge

City Spotsylvania State VA Zip Code 22551-8915

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

Name of Employer Mediacorp Health System Occupation EVP/CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
**Transaction ID: 17655987**  
 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 13 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Boyles

Mailing Address 306 Marl Ravine Road

City Yorktown State VA Zip Code 23692-4206

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

Name of Employer Riverside Health System Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
Transaction ID: 17656025  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gene Burke, M.D.

Mailing Address 600 Gresham Drive

City Norfolk State VA Zip Code 23507-1999

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

Name of Employer Sentara Norfolk General Hospital Occupation Vice President Medical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
Transaction ID: 17656032  
Amount of Each Receipt this Period 350.00

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

Mailing Address 919 Graydon Ave

City Norfolk State VA Zip Code 23507-1207

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
Transaction ID: 17656033  
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 14 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 501 Holland Lane  
#1109

City State Zip Code  
Alexandria VA 22314-3553

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

Name of Employer Inova Health System Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17656034

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Patrick L. Christiansen

Mailing Address 8377 Pedigree Ct

City State Zip Code  
Gainesville VA 20155-3240

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

Name of Employer Inova Health System Occupation Administrator - Heart and Vascular Ins

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17656105

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Ben Clark

Mailing Address 1920 Atherholt Road

City State Zip Code  
Lynchburg VA 24501-1104

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

Name of Employer Centra Health Occupation Vice President and Chief Information O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17656106

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 15 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Craig Connors

Mailing Address 6020 Allegaheny Rd

City Williamsburg State VA Zip Code 23188-7370

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

Name of Employer Riverside Health System Occupation Trustee

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
**Transaction ID: 17656108**  
 Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Dyster

Mailing Address 1034 Towlson Rd

City McLean State VA Zip Code 22102-1111

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

Name of Employer Virginia Hospital Center - Arlington Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
**Transaction ID: 17657475**  
 Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Barry Gross

Mailing Address 1602 York River Drive

City Gloucester Point State VA Zip Code 23062-2511

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

Name of Employer Riverside Health System Occupation Hospital Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009  
**Transaction ID: 17657942**  
 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 16 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joanne Gutliph, MD  
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 11 / 02 / 2009  
Transaction ID: 17657943  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Holland  
Mailing Address 161 Lila Lane  
City Boones Mill State VA Zip Code 24065-3749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carilion Clinic Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: 17658274  
Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas C. Jividen  
Mailing Address 2713 Greenhill Avenue  
City Lynchburg State VA Zip Code 24503-2923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Centra Health Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: 17658448  
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 17 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 4271 Brown Roan Ln

City State Zip Code  
Harrisonburg VA 22801-8310

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

Name of Employer Rockingham Memorial Hospital      Occupation SVP/Finance & VFO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681684**  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Levin, MD.

Mailing Address 1476 Bridge Point Trail

City State Zip Code  
Suffolk VA 23432-1320

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

Name of Employer Sentara Healthcare      Occupation Vice President Medical Affairs

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681686**  
Amount of Each Receipt this Period: 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rob Lockridge

Mailing Address 14304 Horseshoe Ford Rd

City State Zip Code  
Ashland VA 23005-3163

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

Name of Employer University of Virginia Medical Center      Occupation Director, Government Relations

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681687**  
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 18 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms James Lesnick

Mailing Address 629 Fairfax Way

City Williamsburg State VA Zip Code 23185-8204

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

Name of Employer Riverside Health System Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681688**  
 Amount of Each Receipt this Period: 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Dana Lovecchio

Mailing Address 103 South Cove Rd

City Williamsburg State VA Zip Code 23188-9325

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

Name of Employer Riverside Health System Occupation V/P Construction

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681689**  
 Amount of Each Receipt this Period: 350.00

**C.**

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

Mailing Address 700 Surfside Ave

City Virginia Beach State VA Zip Code 23451-3677

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

Name of Employer Maryview Medical Center Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681690**  
 Amount of Each Receipt this Period: 200.00

**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 19 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms Bonnie Marabella

Mailing Address 8650 Sudley Rd

City Manassas State VA Zip Code 20110-4419

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

Name of Employer Prince William Hospital Occupation Admin Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681692**  
Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address 48 West 1500 North

City Nephi State UT Zip Code 84648-8900

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

Name of Employer Rural Health Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID: 17681719**  
Amount of Each Receipt this Period: 500.00

**C.**

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

Mailing Address 701 Town Center Dr, Ste 1000

City Newport News State VA Zip Code 23606-4286

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681722**  
Amount of Each Receipt this Period: 350.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Melina Dee Perdue

Mailing Address 101 Elm Avenue SE

City State Zip Code  
Roanoke VA 24013-2222

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

Name of Employer Occupation  
Carilion Clinic Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17681724

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Theodore Price

Mailing Address 6709 River Road

City State Zip Code  
Richmond VA 23229-8529

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

Name of Employer Occupation  
Sheltering Arms Rehabilitation Hospital Board Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17681730

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Charlotte Ramsey

Mailing Address 6216 Crooked Stick Way

City State Zip Code  
Radford VA 24141-7025

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

Name of Employer Occupation  
Carilion New River Valley Medical Cent Chief Nursing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17681733

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 21 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Katherine Reeves		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 10175 Bevoir Drive		<b>Transaction ID:</b> 17681734
	City Fort Belvoir	State VA	Zip Code 22060-2119
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
	Name of Employer Inova Health System	Occupation Administrator	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Xavier Richardson		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 8121 Lee Jackson Circle		<b>Transaction ID:</b> 17681735
	City Spotsylvania	State VA	Zip Code 22553-3819
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
	Name of Employer Medicorp Health System	Occupation Vice President Corporate Development	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Renee K Rountree		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 245 Chesapeake Avenue		<b>Transaction ID:</b> 17681736
	City Newport News	State VA	Zip Code 23607-6038
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
	Name of Employer Riverside Rehabilitation Institute	Occupation Vice President and Administrator	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 128 Loblolly Dr.

City State Zip Code  
Yorktown VA 23692-4253

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

Name of Employer Occupation  
Riverside Health System Vice President Planning and Information

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

Date of Receipt

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

Transaction ID: 17681748

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Todd Stottlemeyer

Mailing Address 12518 Nathaniel Oaks Dr

City State Zip Code  
Herndon VA 20171-1731

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

Name of Employer Occupation  
Inova Health System Executive Vice President

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

Date of Receipt

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

Transaction ID: 17681749

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Emory W. Tibbs, Jr.

Mailing Address Belleview Ave. at Jefferson Street

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Occupation  
Carilion Clinic Trustee

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

Date of Receipt

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

Transaction ID: 17681753

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 23 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew P. Weddle

Mailing Address 2708 Sandy Valley Road

City State Zip Code  
Virginia Beach VA 23452-7751

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

Name of Employer Occupation  
Sentara Bayside Hospital Vice President, Revenue Cycle

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 02 / 2009  
**Transaction ID: 17681766**  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Reginald J. Lavoie

Mailing Address Swiftwater Road

City State Zip Code  
Woodsville NH 03785-2001

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

Name of Employer Occupation  
Cottage Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID: 17681773**  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Frank G McDougall

Mailing Address One Medical Center Drive

City State Zip Code  
Lebanon NH 03756-0001

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

Name of Employer Occupation  
Dartmouth-Hitchcock Medical Center Vice President, Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID: 17681774**  
Amount of Each Receipt this Period: 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Scott W Howe

Mailing Address 173 Middle Street

City State Zip Code  
Lancaster NH 03584-3508

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

Name of Employer Occupation  
Weeks Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** 17681775

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address 1 Verney Drive

City State Zip Code  
Greenfield NH 03047-5000

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

Name of Employer Occupation  
Crotched Mountain Rehabilitation Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** 17681776

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Deanna S. Howard

Mailing Address 5 Paine Road

City State Zip Code  
Etna NH 03750-4508

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

Name of Employer Occupation  
Dartmouth-Hitchcock Medical Center Director, Regional Program Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** 17681777

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 25 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr Stephanie Wolf-Rosenblum, , M.D.

Mailing Address P O Box 2014

City State Zip Code  
Nashua NH 03061-2014

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

Name of Employer Southern New Hampshire Medical Center  
Occupation Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** 17681779

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City State Zip Code  
Hopkinton NH 03229-3402

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

Name of Employer New Hampshire Hospital Association  
Occupation V.P., Finance and Rural Hospitals

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

**Transaction ID:** 17681780

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert J Heckert, , Jr.

Mailing Address 2669 North Scenic Drive

City State Zip Code  
Alamogordo NM 88310-8700

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

Name of Employer Gerald Champion Regional Medical Center  
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  
1 1 / 0 4 / 2 0 0 9

**Transaction ID:** 17681783

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr John G Albert, FACHE

Mailing Address 28 Hawtorne Road

City State Zip Code  
Windham NH 03087-1565

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

Name of Employer Kindred Hospital Northeast-Stoughton  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** 17681786

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth Boyd, Jr.

Mailing Address PO Box 12

City State Zip Code  
Girard KS 66743-0012

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

Name of Employer Girard Medical Center  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** 17682098

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1020 Parkshire Cir

City State Zip Code  
Manhattan KS 66503

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

Name of Employer Mercy Regional Health Center  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** 17682101

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 27 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L Driewer, , CHE

Mailing Address 1201 W. 12th Avenue

City State Zip Code  
Emporia KS 66801-2504

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

Name of Employer Newman Regional Health      Occupation Chief Executive Officer

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2009  
**Transaction ID: 17682127**  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L George

Mailing Address 801 N Fourth

City State Zip Code  
Burlington KS 66839-0189

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

Name of Employer Coffey County Hospital      Occupation Chief Executive Officer

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2009  
**Transaction ID: 17682139**  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John H Jeter, , M.D.

Mailing Address 3103 Tam O'Shanter

City State Zip Code  
Hays KS 67601-8100

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

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

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2009  
**Transaction ID: 17682168**  
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 28 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jackie John

Mailing Address Post Office Box 506

City Phillipsburg State KS Zip Code 67661-0506

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

Name of Employer: Great Plains Health Alliance, Inc. Occupation: Vice President, Resource Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 04 / 2009

Transaction ID: 17682169

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Laurie Labarca

Mailing Address 8242 E. Greenbriar Ct.

City Wichita State KS Zip Code 67226-1807

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

Name of Employer: Via Christi Rehabilitation Center Occupation: Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 04 / 2009

Transaction ID: 17682173

Amount of Each Receipt this Period: 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Lindsey

Mailing Address 1100 Fairway Drive

City Hays State KS Zip Code 67601-4710

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

Name of Employer: Hays Medical Center Occupation: Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt: 11 / 04 / 2009

Transaction ID: 17682176

Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky		Date of Receipt MM / DD / YYYY 11 / 04 / 2009		
	Mailing Address 14607 W 89		<b>Transaction ID:</b> 17682178		
	City Lenexa	State KS	Zip Code 66215-2967	Amount of Each Receipt this Period 165.00	
	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 ▼ 471.26			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer		Date of Receipt MM / DD / YYYY 11 / 04 / 2009		
	Mailing Address 26342 W 110th Terrace		<b>Transaction ID:</b> 17682190		
	City Olathe	State KS	Zip Code 66061-8413	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lawrence Memorial Hospital	Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert K. Page		Date of Receipt MM / DD / YYYY 11 / 04 / 2009		
	Mailing Address 13413 W 75th Ct		<b>Transaction ID:</b> 17682208		
	City Shawnee	State KS	Zip Code 66216-3078	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Kansas Hospital	Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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

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

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

FOR LINE NUMBER: PAGE 30 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John C. Peterson

Mailing Address 2841 SW Plass Avenue

City State Zip Code  
Topeka KS 66611-1629

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

Name of Employer Occupation  
Kansas Hospital Association Administrator

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** 17682214

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lynnette A. RauvolaBouta

Mailing Address 25 Huntington St.

City State Zip Code  
Eastborough KS 67206-2047

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

Name of Employer Occupation  
Via Christi Health System Vice President Mission Integration

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** 17682220

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City State Zip Code  
Topsham ME 04086-6109

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

Name of Employer Occupation  
Maine Hospital Association President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** 17682534

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 31 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City State Zip Code  
Alexandria VA 22302-2107

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

Name of Employer American Hospital Association-Washingt  
Occupation Director Advocacy and Member Communica

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

**Transaction ID:** 17687302

Amount of Each Receipt this Period  
350.00

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

Mailing Address 12431 Van Buren Street

City State Zip Code  
Crown Point IN 46307-9210

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

Name of Employer St. Catherine Hospital, Inc.  
Occupation Hospital CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

**Transaction ID:** 17687735

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2805 W. County Road 250 S

City State Zip Code  
New Castle IN 47362-9719

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

Name of Employer Henry County Hospital  
Occupation Hospital CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

**Transaction ID:** 17687775

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 336 Lant Lane

City State Zip Code  
Evansville IN 47715-3400

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

Name of Employer St. Mary's Medical Center of Evansvill  
Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 17687782

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 3818 Devonshire Lane

City State Zip Code  
Bloomington IN 47408-9657

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

Name of Employer Bloomington Hospital  
Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 17687813

Amount of Each Receipt this Period  
375.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary A Meyer

Mailing Address 2280 Locust Court East

City State Zip Code  
Seymour IN 47274-8672

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 17687818

Amount of Each Receipt this Period  
250.00

**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 33 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Mark E Moore	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 2696 E. Ciana Court	<b>Transaction ID:</b> 17687822
	City State Zip Code Bloomington IN 47401-8358	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bloomington Hospital President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Linda E White	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 5505 Timberlake Court	<b>Transaction ID:</b> 17687866
	City State Zip Code Evansville IN 47710-4134	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Deaconess Health System Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James L Brexler	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 975 East Third Street	<b>Transaction ID:</b> 17687975
	City State Zip Code Chattanooga TN 37403-2163	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Erlanger Health System 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	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Gregory M. Duckett

Mailing Address 350 North Humphreys Boulevard

City State Zip Code  
Memphis TN 38120-2177

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

Name of Employer: Baptist Memorial Health Care Corporati  
Occupation: Senior Vice President/ Corporate Couns

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 11 / 05 / 2009  
Transaction ID: 17687976  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bernard L Mattingly

Mailing Address P O Box 340

City State Zip Code  
Cookeville TN 38503-0340

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

Name of Employer: Cookeville Regional Medic- al Center  
Occupation: Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt: 11 / 05 / 2009  
Transaction ID: 17687978  
Amount of Each Receipt this Period: 350.00

**C.**

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

Mailing Address 350 North Humphreys Boulevard

City State Zip Code  
Memphis TN 38120-2177

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

Name of Employer: Baptist Memorial Health Care Corporati  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 11 / 05 / 2009  
Transaction ID: 17687979  
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 35 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles H Whitfield, Jr.  
Mailing Address 1420 Tusculum Boulevard

City State Zip Code  
Greenville TN 37745-5825

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

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

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      485.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

**Transaction ID:** 17687984  
 Amount of Each Receipt this Period  
 485.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Charlesetta Woodard-Thompson  
Mailing Address 975 East Third Street

City State Zip Code  
Chattanooga TN 37403-2163

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

Name of Employer Erlanger Health System      Occupation Executive Vice President and COO

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

**Transaction ID:** 17687986  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A Cruickshank  
Mailing Address 2260 Wrightsboro Road

City State Zip Code  
Augusta GA 30904-4764

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

Name of Employer Trinity Hospital of Augusta      Occupation Chief Executive Officer

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

**Transaction ID:** 17688035  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1235.00**

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ken Haynes

Mailing Address One Saint Joseph Drive

City Lexington State KY Zip Code 40504-3742

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

Name of Employer Saint Joseph Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 06 / 2009  
Transaction ID: 17693123  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Henry D Lipman

Mailing Address 179 Sara Circle

City Laconia State NH Zip Code 03246-3069

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

Name of Employer LRGHealthcare Occupation Executive Vice President and Chief Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2009  
Transaction ID: 17693126  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie Quirin

Mailing Address 2805 W 71st Street

City Prairie Village State KS Zip Code 66208-3104

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

Name of Employer Saint Luke's Hospital of Kansas City Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 06 / 2009  
Transaction ID: 17693128  
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: PAGE 37 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 8511 West Dodge Road

City State Zip Code  
Omaha NE 68114-3415

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

Name of Employer  
Nebraska Methodist Health System, Inc.

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** 17695963

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Vincent Capece

Mailing Address 28 Crescent Street

City State Zip Code  
Middletown CT 06457-3650

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

Name of Employer  
Middlesex Hospital

Occupation  
Vice President Finance and Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** 17697956

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Susan L Davis, , R.N., Ed

Mailing Address 72 N. Park avenue

City State Zip Code  
Easton CT 06612-1417

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

Name of Employer  
St. Vincent's Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** 17697957

Amount of Each Receipt this Period  
500.00

**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: PAGE 38 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Brian Fillipo, MD

Mailing Address 6192 Moores Creek

City State Zip Code  
Summerfield NC 27358-8285

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

Name of Employer Connecticut Hospital Association  
Occupation Vice President, Quality and Patient Sa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** 17697964

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 188 Inverness Drive West #500

City State Zip Code  
Englewood CO 80112-5204

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

Name of Employer Centura Health  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** 17700580

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address P.O. Box 1909

City State Zip Code  
Madison MS 39130-1909

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

Name of Employer Mississippi Hospital Association  
Occupation President/CEO, Stratagem, Inc.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.73

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** 17700601

Amount of Each Receipt this Period  
666.73

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1416.73**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard G Hilton

Mailing Address Drawer 1506

City Starkville State MS Zip Code 39760-1506

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

Name of Employer Oktibbeha County Hospital Occupation Associate Administrator and Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 10 / 2009

Transaction ID: 17700716

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39130-1909

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

Name of Employer Mississippi Hospital Association Occupation Director of Data Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.38

Date of Receipt 11 / 10 / 2009

Transaction ID: 17700722

Amount of Each Receipt this Period 23.34

**C.**

Full Name (Last, First, Middle Initial)  
Mr Edward Tucker

Mailing Address P O Box 16389

City Hattiesburg State MS Zip Code 39404-6389

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

Name of Employer Forrest General Hospital Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2009

Transaction ID: 17700729

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **623.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert Z. Vovak		Date of Receipt MM / DD / YYYY 11 / 10 / 2009		
	Mailing Address 9326 Perglen Road		<b>Transaction ID:</b> 17700738		
	City Baltimore	State MD	Zip Code 21236-1628	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Maryland Hospital Association	Occupation Sr. Vice President & CFO	Aggregate Year-to-Date 550.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David P. Foley		Date of Receipt MM / DD / YYYY 11 / 10 / 2009		
	Mailing Address 6820 Deerpath Road		<b>Transaction ID:</b> 17700739		
	City Elkridge	State MD	Zip Code 21075-6200	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Maryland Hospital Association	Occupation Vice President	Aggregate Year-to-Date 550.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller		Date of Receipt MM / DD / YYYY 11 / 10 / 2009		
	Mailing Address 6820 Deerpath Road		<b>Transaction ID:</b> 17700740		
	City Elkridge	State MD	Zip Code 21075-6234	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Maryland Hospital Association	Occupation V.P., Professional Activities	Aggregate Year-to-Date 750.00		

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 4423 Necker Avenue

City State Zip Code  
Nottingham MD 21236-2968

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

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

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

Date of Receipt

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

Transaction ID: 17700741

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. George Frank Monius

Mailing Address 3606 Hallmark Court

City State Zip Code  
Baltimore MD 21234-4823

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

Name of Employer Occupation  
Maryland Hospital Association Vice President

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

Date of Receipt

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

Transaction ID: 17700742

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark S Rulle

Mailing Address 1148 Hamilton Blvd.

City State Zip Code  
Hagerstown MD 21742-3339

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

Name of Employer Occupation  
Maryland Hospital Association President, MHEI

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

Date of Receipt

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

Transaction ID: 17700743

Amount of Each Receipt this Period

750.00

**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: PAGE 42 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael B Robbins

Mailing Address P.O. Box 8207

City State Zip Code  
Elkridge MD 21075-8207

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

Name of Employer Maryland 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
1	1	/	1	0	/	2	0	0	9

**Transaction ID:** 17700744

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 2100 Poplar Ridge Road

City State Zip Code  
Pasadena MD 21122-3820

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

Name of Employer Maryland Hospital Association  
Occupation Assistant Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  

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

**Transaction ID:** 17700745

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James O'Loughlin

Mailing Address P O Box 100550

City State Zip Code  
Florence SC 29501-0550

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

Name of Employer Carolinas Hospital System  
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
1	1	/	1	1	/	2	0	0	9

**Transaction ID:** 17700834

Amount of Each Receipt this Period  
250.00

**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: PAGE 43 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Lisa Van Dam

Mailing Address 1318 Sunnyhill Drive

City State Zip Code  
Camden SC 29020-1597

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

Name of Employer Occupation  
Kershaw County Medical Center Nursing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** 17700835

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stuart Smith

Mailing Address 169 Ashley Avenue

City State Zip Code  
Charleston SC 29425-8905

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

Name of Employer Occupation  
MUSC Medical Center of Medical Unvers Vice President Clinical Operations and

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** 17700836

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** 17700837

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 44 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

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 VP, Managed Care & Physician Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2009

**Transaction ID:** 17700838

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 2095 Henry Tecklenburg Drive

City Charleston State SC Zip Code 29414-5733

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

Name of Employer Roper Hospital Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2009

**Transaction ID:** 17700841

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 125 Doughty Street Suite 760

City Charleston State SC Zip Code 29403-5736

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

Name of Employer Roper St. Francis Healthcare Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 11 / 11 / 2009

**Transaction ID:** 17700842

Amount of Each Receipt this Period 1500.00

**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: PAGE 45 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt 11 / 11 / 2009  
Transaction ID: 17700843  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Rev Terence K Fleming

Mailing Address PO Box 357

City Folly Beach State SC Zip Code 29439-0357

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

Name of Employer Roper Hospital Occupation VP for Mission

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2009  
Transaction ID: 17700844  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt 11 / 11 / 2009  
Transaction ID: 17700845  
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 46 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Irvin

Mailing Address 159 Harbour Watch Way

City State Zip Code  
Mount Pleasant SC 29464-2827

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

Name of Employer Occupation  
Roper Hospital VP of Nursing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** 17700855

Amount of Each Receipt this Period  
250.00

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

Mailing Address 316 Calhoun Street

City State Zip Code  
Charleston SC 29401-1113

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

Name of Employer Occupation  
Roper Hospital Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** 17700856

Amount of Each Receipt this Period  
500.00

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

Mailing Address 316 Calhoun Street

City State Zip Code  
Charleston SC 29401-1113

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

Name of Employer Occupation  
Roper Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2009

**Transaction ID:** 17700857

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 47 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr Steven D Shapiro, , M.D.  
Mailing Address 316 Calhoun Street

City State Zip Code  
Charleston SC 29401-1113

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

Name of Employer Roper Hospital Occupation Vice President for Medical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

**Transaction ID:** 17700858

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
John Sullivan  
Mailing Address 316 Calhoun Street

City State Zip Code  
Charleston SC 29401-1113

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

Name of Employer Roper Hospital Occupation CEO, Mt. Pleasant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

**Transaction ID:** 17700859

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Taylor  
Mailing Address 316 Calhoun Street

City State Zip Code  
Charleston SC 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 ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

**Transaction ID:** 17700863

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 48 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Camiella S Patterson

Mailing Address 103 Ashford Place

City Greenwood State SC Zip Code 29646-9268

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

Name of Employer Self Regional Healthcare Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2009

Transaction ID: 17700864

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Craig White

Mailing Address 503 Lodge Drive

City Greenwood State SC Zip Code 29646-1919

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

Name of Employer Self Regional Healthcare Occupation VP Foundation/Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2009

Transaction ID: 17700865

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. J. Thornton Kirby

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 President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 11 / 2009

Transaction ID: 17700866

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 49 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Ingo Angermeier, , FACHE

Mailing Address 101 East Wood Street

City State Zip Code  
Spartanburg SC 29303-3016

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

Name of Employer Greenville Hospital System Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2009

Transaction ID: 17700867

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Aycock

Mailing Address PO Box 1797

City State Zip Code  
Spartanburg SC 29304-1797

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

Name of Employer Spartanburg Regional Healthcare System Occupation Sr. VP/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2009

Transaction ID: 17700869

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
James Bearden

Mailing Address 1127 Woodburn Road

City State Zip Code  
Spartanburg SC 29302-3435

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

Name of Employer Spartanburg Regional Healthcare System Occupation VP, Clinical Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2009

Transaction ID: 17700870

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 50 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Sheila Breitweiser  
Mailing Address 695 Fairwinds Road  
City Landrum State SC Zip Code 29356-9077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spartanburg Regional Healthcare System Occupation VP/Exec Director Foundation  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 11 / 11 / 2009  
Transaction ID: 17700871  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Carr  
Mailing Address 2378 Orchard Crest Blvd.  
City Manasquan State NJ Zip Code 08736-4001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New Jersey Hospital Association Occupation Chief Information Officer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: 17701437  
Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Belinda Brown Cooper  
Mailing Address 121 Clear Creek Road  
City Langhorne State PA Zip Code 19047-2306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: 17701441  
Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 630.00  
**TOTAL** This Period (last page this line number 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 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 27 Harvest Lane

City State Zip Code  
Livingston NJ 07039-2750

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 17701447

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alice J. Guttler

Mailing Address 7 Ambrosia Way

City State Zip Code  
Freehold NJ 07728-4020

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

Name of Employer Occupation  
CentraState Healthcare System Senior Vice President and Corporate Co

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 17701451

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
New Hope PA 18938-5760

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 ▼ 339.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 17701453

Amount of Each Receipt this Period  
25.42

**SUBTOTAL** of Receipts This Page (optional) ..... ► **280.42**

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

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

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

FOR LINE NUMBER: PAGE 52 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 23 E. Delaware Avenue

City State Zip Code  
Pennington NJ 08534-2302

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

Name of Employer Occupation  
New Jersey Hospital Association General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 17701454

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John K Lloyd

Mailing Address 11 Mohawk Avenue

City State Zip Code  
Oceanport NJ 07757-1619

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

Name of Employer Occupation  
Meridian Health 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  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 17701459

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann P. Logan

Mailing Address 17 Golf View Drive

City State Zip Code  
Princeton NJ 08540-8442

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

Name of Employer Occupation  
Solaris Health System Vice President of Nursing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

**Transaction ID:** 17701460

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **755.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger D. Sarao, Jr.  
Mailing Address 4 Poppy Lane

City State Zip Code  
Howell NJ 07731-1451

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

Name of Employer: New Jersey Hospital Association  
Occupation: VP Health Economics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: 17701473**  
Amount of Each Receipt this Period: 125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James D. Jackson  
Mailing Address Post Office Box 668

City State Zip Code  
Prestonsburg KY 41653-0668

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

Name of Employer: Highlands Regional Medical Center  
Occupation: Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: 17702866**  
Amount of Each Receipt this Period: 600.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert D Fraraccio, , CHE  
Mailing Address P O Box 630

City State Zip Code  
Winchester KY 40392-0630

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

Name of Employer: Clark Regional Medical Center  
Occupation: Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 11 / 13 / 2009  
**Transaction ID: 17702867**  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1725.00**

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jennifer D. Jackson

Mailing Address 61 Hickory Lane

City State Zip Code  
Madison CT 06443-1718

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** 17702870

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Clarence Brewton

Mailing Address 1833 Foxwood Circle

City State Zip Code  
Mitchellville MD 20721-4139

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

Name of Employer MedStar Health  
Occupation Vice President , Regulatory Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** 17703080

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Sr. Vice President, Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2009

**Transaction ID:** 17703436

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 11418 Newport Bay Drive

City State Zip Code  
Berlin MD 21811-9642

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17703966

Amount of Each Receipt this Period  
255.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James R Nathan

Mailing Address 2776 Cleveland Avenue

City State Zip Code  
Fort Myers FL 33901-5864

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

Name of Employer Lee Memorial Health System      Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17704375

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City State Zip Code  
Tallahassee FL 32312-7501

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

Name of Employer Florida Hospital Association      Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17704376

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1265.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 1991 Killarney Drive

City State Zip Code  
Winter Park FL 32789-3527

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

Name of Employer Occupation  
Florida Hospital Association Senior Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704377

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 307 Park Lake Circle

City State Zip Code  
Orlando FL 32803-3923

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

Name of Employer Occupation  
Florida Hospital Association Director, Emergency Mgmt. Svcs.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704378

Amount of Each Receipt this Period

10.00

**C.**

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

Mailing Address 12914 Littleton Bend Road

City State Zip Code  
Jacksonville FL 32224-7905

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

Name of Employer Occupation  
Brooks Rehabilitation Hospital Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704383

Amount of Each Receipt this Period

145.00

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

175.00

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Timothy K Skeldon

Mailing Address 951 North Washington Avenue

City Titusville State FL Zip Code 32796-2194

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

Name of Employer Parrish Medical Center Occupation Senior Vice President and Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 17704384

Amount of Each Receipt this Period 120.00

**B.**

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

Mailing Address 1055 Saxon Boulevard

City Orange City State FL Zip Code 32763-8468

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

Name of Employer Florida Hospital Fish Memorial Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 17704748

Amount of Each Receipt this Period 120.00

**C.**

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

Mailing Address 10000 West Colonial Drive

City Ocoee State FL Zip Code 34761-3493

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

Name of Employer Health Central Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 17704749

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **490.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jean Mayer

Mailing Address 2408 W. Watrous Avenue

City Tampa State FL Zip Code 33629-5343

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

Name of Employer Tampa General Hospital Occupation Vice President for Strategic Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 17704750

Amount of Each Receipt this Period 45.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City Saint Petersburg State FL Zip Code 33703-3138

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

Name of Employer BayCare Health System Occupation Vice President, Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 17704752

Amount of Each Receipt this Period 45.00

**C.**

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

Mailing Address 5608 Bear Lake Circle

City Apopka State FL Zip Code 32703-1916

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

Name of Employer Florida Hospital Occupation Vice President and Chief Operating Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 17705720

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 6450 US Highway 1

City State Zip Code  
Rockledge FL 32955-5747

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17705722

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City State Zip Code  
Orange City FL 32763-8468

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

Name of Employer Florida Hospital Fish Memorial Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706286

Amount of Each Receipt this Period  
120.00

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

Mailing Address P O Box 59515

City State Zip Code  
Panama City FL 32402-2515

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

Name of Employer Bay Medical Center Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706537

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms Frieda Warren

Mailing Address 616 n Bonita Ave

City State Zip Code  
Panama City FL 32401-3624

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706540

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Donald Connor

Mailing Address 617 N Bonita Ave

City State Zip Code  
Panama City FL 32401-3623

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706859

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Floyd Skinner

Mailing Address 618 N Bonita Ave

City State Zip Code  
Panama City FL 32401-3624

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706860

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 61 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Robert Middlemas

Mailing Address 620 N Bonita Ave

City State Zip Code  
Panama City FL 32401-3624

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706862

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Greg Brundnicki

Mailing Address 621 N. Bonita

City State Zip Code  
Panama City FL 32401-3623

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17706863

Amount of Each Receipt this Period  
250.00

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

Mailing Address 622 N Bonita Ave

City State Zip Code  
Panama City FL 32401-3624

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708662

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 62 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 623 N Bonita Ave

City State Zip Code  
Panama City FL 32401-3623

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

Name of Employer Occupation  
Bay Medical Center Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708663

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phillis Oeters

Mailing Address 6855 Red Road, Suite 600

City State Zip Code  
Miami FL 33143-3632

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

Name of Employer Occupation  
Baptist Health South Florida Corporate Vice President Government an

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708669

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas A. Dodson

Mailing Address 9800 S. Healthpark Drive  
Suite #405

City State Zip Code  
Fort Myers FL 33908-7603

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

Name of Employer Occupation  
Lee Memorial Hospital President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708673

Amount of Each Receipt this Period  
2500.00

**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: PAGE 63 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr John F Wilbanks

Mailing Address 800 Prudential Drive

City State Zip Code  
Jacksonville FL 32207-8202

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

Name of Employer Occupation  
Baptist Medical Center Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708736

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark O'Bryant

Mailing Address 1300 Miccosukee Road

City State Zip Code  
Tallahassee FL 32308-5054

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

Name of Employer Occupation  
Tallahassee Memorial HealthCare President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708742

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Ste 320

City State Zip Code  
Pensacola FL 32501-6377

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

Name of Employer Occupation  
Baptist Health Care Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708744

Amount of Each Receipt this Period  
1000.00

**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: PAGE 64 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Deanna Schaeffer

Mailing Address 400 N. Clyde Morris Blvd

City State Zip Code  
Daytona Beach FL 32114-2731

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

Name of Employer Occupation  
Halifax Health Medical Center CEO, Healthy Communities & GR Officer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708778

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1414 Kuhl Avenue

City State Zip Code  
Longwood FL 32806-2093

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

Name of Employer Occupation  
Orlando Regional Healthcare Vice President Finance and Chief Financial Officer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708779

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1300 Miccosukee Road

City State Zip Code  
Tallahassee FL 32308-5093

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

Name of Employer Occupation  
Tallahassee Memorial Healthcare Chief Financial Officer and Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708780

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Jason Moore

Mailing Address 2112 Doral Drive

City State Zip Code  
Tallahassee FL 32312-3159

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Tallahassee Memorial HealthCare Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708822

Amount of Each Receipt this Period 500.00

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

Mailing Address 25 Arapaho Dr

City State Zip Code  
Pensacola FL 32507-8736

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Baptist Health Care Corporation VP, Child Protective Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708859

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Faulkner

Mailing Address P O Box 17500

City State Zip Code  
Pensacola FL 32522-7500

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Baptist Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17708860

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 66 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Gayle Capozzalo Heil

Mailing Address 789 Howard Avenue

City State Zip Code  
New Haven CT 06519-1304

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

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

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

Date of Receipt

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

Transaction ID: 17708947

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Claudia Eisenmann

Mailing Address 10326 Hwy. 10

City State Zip Code  
Dickinson ND 58601-9570

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

Name of Employer Occupation  
MedCenter One Vice President, Professional Practices

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

Date of Receipt

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

Transaction ID: 17708977

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas G Bartlett, III, M.D.

Mailing Address 25117 Highway 15

City State Zip Code  
Union MS 39365-9088

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

Name of Employer Occupation  
Laird Hospital Administrator

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

Date of Receipt

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

Transaction ID: 17709060

Amount of Each Receipt this Period

250.00

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

1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 960 Avent Drive

City State Zip Code  
Grenada MS 38901-5230

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

Name of Employer Occupation  
Grenada Lake Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 490.00

Date of Receipt

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

Transaction ID: 17709068

Amount of Each Receipt this Period

200.00

**B.**

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

Mailing Address P.O. Box 1909

City State Zip Code  
Madison MS 39130-1909

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

Name of Employer Occupation  
Mississippi Hospital Association President/CEO, Stratagem, Inc.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 866.73

Date of Receipt

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

Transaction ID: 17709069

Amount of Each Receipt this Period

200.00

**C.**

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

Mailing Address 830 South Gloster Street

City State Zip Code  
Tupelo MS 38801-4934

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

Name of Employer Occupation  
North Mississippi Health Services, Inc. President & CEO

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

Date of Receipt

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

Transaction ID: 17709075

Amount of Each Receipt this Period

250.00

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

650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 3042 Fermanagh Drive

City State Zip Code  
Tallahassee FL 32309-3333

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

Name of Employer  
Tallahassee Memorial HealthCare

Occupation  
HR Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17711701

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Cynthia Blair

Mailing Address 7935 Preservation Road

City State Zip Code  
Tallahassee FL 32312-6766

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

Name of Employer  
Tallahassee Memorial HealthCare

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

**Transaction ID:** 17711704

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 5 Lynnbrook Road

City State Zip Code  
Trumbull CT 06611-3308

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

Name of Employer  
Connecticut Hospital Association

Occupation  
Vice President, Business Development &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17711760

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 69 / 145  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 20 York Street

City State Zip Code  
New Haven CT 06510-3220

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

Name of Employer Occupation  
Yale-New Haven Hospital Senior Vice President Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17711761

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph E Morris

Mailing Address 2003 Lincoln Way

City State Zip Code  
Coeur D Alene ID 83814-2611

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

Name of Employer Occupation  
Kootenai Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17712060

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey W Martin

Mailing Address 700 South Main Street

City State Zip Code  
Moscow ID 83843-3056

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

Name of Employer Occupation  
Gritman Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17712061

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 70 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Louis D Kraml, , CHE

Mailing Address 98 Poplar Street

City State Zip Code  
Blackfoot ID 83221-1799

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

Name of Employer Occupation  
Bingham Memorial 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  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17712062

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. Fletcher

Mailing Address 1249 Harcourt Drive

City State Zip Code  
Boise ID 83702-1839

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

Name of Employer Occupation  
St. Luke's Regional Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17712063

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan H Channing

Mailing Address California Avenue at 15th St

City State Zip Code  
Chicago IL 60608-1610

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17713950

Amount of Each Receipt this Period  
800.00

**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 71 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul F. Hills		Date of Receipt
	Mailing Address 18 Heron Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Barrington	IL	60010-5142
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 17713953
Name of Employer Centegra Health System		Occupation Trustee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara Johnson		Date of Receipt
	Mailing Address 385 Millennium Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Crystal Lake	IL	60012-3761
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 17713955
Name of Employer Centegra Hospital - McHenry		Occupation Senior Vice President of Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Angela McAuley		Date of Receipt
	Mailing Address 1301 Winston Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Woodstock	IL	60098-3678
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 17713959
Name of Employer Centegra Hospital - Woodstock		Occupation Senior Vice President, Women's Health	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City State Zip Code  
Woodstock IL 60098-8881

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

Name of Employer Occupation  
Centegra Hospital - Woodstock Executive Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17713993

Amount of Each Receipt this Period  
800.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Aaron T. Shepley

Mailing Address 385 Millennium Drive

City State Zip Code  
Crystal Lake IL 60012-3740

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

Name of Employer Occupation  
Centegra Health System Chief Quality Officer/General Counsel

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17713995

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Darryl L. Vandervort

Mailing Address 403 East First Street

City State Zip Code  
Dixon IL 61021-3187

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

Name of Employer Occupation  
Katherine Shaw Bethea Hospital President and Chief Executive Officer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

**Transaction ID:** 17713998

Amount of Each Receipt this Period  
325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714006

Amount of Each Receipt this Period  
200.00

**B.**

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

Mailing Address 740 North Hayes

City Oak Park State IL Zip Code 60302-1706

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

Name of Employer Illinois Hospital Association Occupation Sr. VP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.55

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714012

Amount of Each Receipt this Period  
416.70

**C.**

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

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Director of Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.25

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714013

Amount of Each Receipt this Period  
625.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1241.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 1151 E. Warrenville Rd.		<b>Transaction ID:</b> 17714014		
	City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 208.40	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Hospital Association	Occupation Director, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.86			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara Filling		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 1013 59th Street		<b>Transaction ID:</b> 17714015		
	City Lisle	State IL	Zip Code 60532-3122	Amount of Each Receipt this Period 208.40	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Hospital Association	Occupation Director, Government Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.86			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Brian Foster		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015		<b>Transaction ID:</b> 17714016		
	City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 416.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Hospital Association	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 687.55			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	833.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Tamara Lynn Gamrat

Mailing Address 1911 Hamilton Street

City State Zip Code  
Murphysboro IL 62966-1519

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

Name of Employer Occupation  
Illinois Hospital Association Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.89

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714017

Amount of Each Receipt this Period  
156.30

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.  
PO Box 3015

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Occupation  
Illinois Hospital Association Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 687.55

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714019

Amount of Each Receipt this Period  
416.70

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ed Holzhauer

Mailing Address 1755 Maple Lane

City State Zip Code  
Wheaton IL 60187-3317

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

Name of Employer Occupation  
Central DuPage Hospital President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.25

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714024

Amount of Each Receipt this Period  
625.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1198.00**

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial) Ms. Teresa Hursey		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
Mailing Address 1151 East Warrenville Road		<b>Transaction ID:</b> 17714025
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Illinois Hospital Association	Occupation Vice President, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1031.25	

**B.**

Full Name (Last, First, Middle Initial) Ms. Susan Kaufman		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
Mailing Address 1151 E. Warranville Rd.		<b>Transaction ID:</b> 17714030
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Illinois Hospital Association	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

**C.**

Full Name (Last, First, Middle Initial) Ms. Nichole Magalis		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
Mailing Address 1151 East Warrenville Road		<b>Transaction ID:</b> 17714034
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.40
Name of Employer Illinois Hospital Association	Occupation Director, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1043.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road  
PO Box 3015

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.25

Date of Receipt 11 / 20 / 2009

Transaction ID: 17714035

Amount of Each Receipt this Period 625.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City Springfield State IL Zip Code 62707-6070

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

Name of Employer Illinois Hospital Association Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.25

Date of Receipt 11 / 20 / 2009

Transaction ID: 17714039

Amount of Each Receipt this Period 625.00

**C.**

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

Mailing Address 1141 East Warrenville Road

City Naperville State IL Zip Code 60563-1493

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 20 / 2009

Transaction ID: 17714042

Amount of Each Receipt this Period 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City State Zip Code  
Wheaton IL 60187-3777

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

Name of Employer Illinois Hospital Association  
Occupation President Emeritus

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1031.25

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714044

Amount of Each Receipt this Period  
625.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City State Zip Code  
Springfield IL 62704-2516

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

Name of Employer Illinois Hospital Association  
Occupation Manager, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
412.50

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714046

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Illinois Hospital Association  
Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1031.25

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714050

Amount of Each Receipt this Period  
625.00

**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 79 / 145  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 101 Page Street

City State Zip Code  
New Bedford MA 02740-3400

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

Name of Employer Southcoast Hospitals Group  
Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID:** 17714747

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Illinois Hospital Association  
Occupation Senior VP, Health Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID:** 17714797

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Terry Brennan

Mailing Address 1 Saint Anthony's Way  
PO Box 340

City State Zip Code  
Alton IL 62002-4568

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

Name of Employer Saint Anthony's Health Center  
Occupation Vice President Physician Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID:** 17714798

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 80 / 145  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan R. Bruss

Mailing Address 30 W 061 Kensington Drive

City Warrenville State IL Zip Code 60555

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

Name of Employer Advocate Good Samaritan Hospital  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 23 / 2009  
**Transaction ID: 17714819**  
Amount of Each Receipt this Period 800.00

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

Mailing Address 303 North Oak Park Avenue

City Oak Park State IL Zip Code 60302-2189

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

Name of Employer Illinois Hospital Association  
Occupation Vice President, Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2009  
**Transaction ID: 17714820**  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael S Eesley

Mailing Address 385 Millennium Drive

City Crystal Lake State IL Zip Code 60012-3761

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2009  
**Transaction ID: 17714822**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ann Errichetti, M.D.  
 Mailing Address 801 South Milwaukee Avenue  
 City State Zip Code  
 Libertyville IL 60048-3204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Condell Medical Center  
 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00  
 Date of Receipt 11 / 23 / 2009  
**Transaction ID: 17714823**  
 Amount of Each Receipt this Period 800.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Bridgett Gibbons  
 Mailing Address 2132 West Warner  
 City State Zip Code  
 Chicago IL 60618-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate South Suburban Hospital  
 Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 11 / 23 / 2009  
**Transaction ID: 17714831**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anil Godbole, MD., S.C.  
 Mailing Address 1893 Mission Hills Lane  
 City State Zip Code  
 Northbrook IL 60062-5760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Bethany Hospital  
 Occupation Chairman, Dept. of Psychiatry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 11 / 23 / 2009  
**Transaction ID: 17714832**  
 Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1950.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 82 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City State Zip Code  
Chicago IL 60625-1705

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

Name of Employer Advocate Health Care      Occupation Director, Advocate Health Care Foundat

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

Date of Receipt  

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

**Transaction ID:** 17714834  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James Leonard

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 Carle Foundation Hospital      Occupation President and Chief Executive Officer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      800.00

Date of Receipt  

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

**Transaction ID:** 17714835  
 Amount of Each Receipt this Period  
 800.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Martin Manning

Mailing Address 3013 Mary Kay Lane

City State Zip Code  
Glenview IL 60026-1162

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

Name of Employer Advocate Health Care      Occupation Chief Executive Officer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      800.00

Date of Receipt  

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

**Transaction ID:** 17714840  
 Amount of Each Receipt this Period  
 800.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City Naperville State IL Zip Code 60565-6351

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

Name of Employer Advocate Health Care Occupation Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 23 / 2009

**Transaction ID: 17714844**

Amount of Each Receipt this Period 800.00

**B.**

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

Mailing Address 836 West Wellington Avenue

City Chicago State IL Zip Code 60657-5147

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

Name of Employer Advocate IL Masonic Med Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2009

**Transaction ID: 17714855**

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 1775 Dempster

City Park Ridge State IL Zip Code 60068-1143

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

Name of Employer Advocate Lutheran General Hospital Occupation SVP, Strategic Planning & Growth

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2009

**Transaction ID: 17714858**

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Marc A. Senesac

Mailing Address 3815 Highland Avenue

City State Zip Code  
Downers Grove IL 60515-1500

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

Name of Employer Advocate IL Masonic Med Center  
Occupation Regional Vice President HR

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

Date of Receipt

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

Transaction ID: 17714870

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

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

Name of Employer Advocate Health Care  
Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: 17714874

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Carl G Herde

Mailing Address 4007 Kresge Way

City State Zip Code  
Louisville KY 40207-4677

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

Name of Employer Baptist Healthcare System  
Occupation Vice President and Chief Financial Off

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716080

Amount of Each Receipt this Period

250.00

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

1400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 4007 Kresge Way

City State Zip Code  
Louisville KY 40207-4677

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** 17716089

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce A Klockars, , CHE

Mailing Address 4305 New Shepherdsville Road

City State Zip Code  
Bardstown KY 40004-9019

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** 17716090

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Joseph G Koch

Mailing Address 9 Linville Drive

City State Zip Code  
Paris KY 40361-2129

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

Name of Employer Bourbon Community Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** 17716091

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 86 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

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

Mailing Address 4001 Dutchmans Lane

City	State	Zip Code
Louisville	KY	40207-4799

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

Name of Employer Norton Suburban Hospital	Occupation President
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716256

Amount of Each Receipt this Period  
250.00

B.

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

Mailing Address 9820 Third Street Road

City	State	Zip Code
Louisville	KY	40272-2802

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

Name of Employer Norton Southwest Hospital	Occupation President
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717499

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Mr Steven Maclauchlan

Mailing Address One Audubon Plaza Drive

City	State	Zip Code
Louisville	KY	40217-1318

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

Name of Employer Norton Healthcare	Occupation President
---------------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717500

Amount of Each Receipt this Period  
250.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Tracy E Williams  
 Mailing Address 234 East Gray Street, Ste. 225  
 City State Zip Code  
 Louisville KY 40202-1913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norton Healthcare Senior Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 9  
**Transaction ID:** 17717505  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas A. Winkelhake  
 Mailing Address 8911 Duxbury Road  
 City State Zip Code  
 Louisville KY 40242-6910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norton Suburban Hospital Chief Operating Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 9  
**Transaction ID:** 17717506  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Mark Armstrong  
 Mailing Address 310 South Limestone Street  
 City State Zip Code  
 Lexington KY 40508-3008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UK HealthCare Good Samaritan Hospital Chief Operating Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 9  
**Transaction ID:** 17717507  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 2201 Forest Ave

City Ashland State KY Zip Code 41101

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

Name of Employer Highlands Regional Medical Center  
Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 24 / 2009  
**Transaction ID: 17717508**  
Amount of Each Receipt this Period: 500.00

**B.**

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

Mailing Address Highlands Regional Med Ctr  
Box 668

City Prestonburg State KY Zip Code 41653-0668

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

Name of Employer Highlands Regional Medical Center  
Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 24 / 2009  
**Transaction ID: 17717512**  
Amount of Each Receipt this Period: 250.00

**C.**

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

Mailing Address 4604 Highway 60 West

City Morganfield State KY Zip Code 42437-9570

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

Name of Employer Methodist Hospital Union County  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 24 / 2009  
**Transaction ID: 17717514**  
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 89 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Haynes

Mailing Address P O Box 8086

City Lexington State KY Zip Code 40533-8086

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

Name of Employer Appalachian Regional Healthcare  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 24 / 2009  
**Transaction ID: 17717515**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank A. Butler

Mailing Address 437 Adair Road

City Lexington State KY Zip Code 40536-0001

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

Name of Employer University of Kentucky Hospital  
Occupation Vice President/Medical Center Operatio

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 24 / 2009  
**Transaction ID: 17717516**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Joseph DeVenuto

Mailing Address 4001 Dutchmans Lane

City Louisville State KY Zip Code 40207-4714

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

Name of Employer Norton Suburban Hospital  
Occupation Assistant Vice President/CIO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2009  
**Transaction ID: 17717519**  
 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 90 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Chip Peal

Mailing Address 299 King's Daughters Drive

City State Zip Code  
Frankfort KY 40601-6514

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

Name of Employer  
Frankfort Regional Medical Center

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 17717520

Amount of Each Receipt this Period  
260.00

**B.**

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

Mailing Address 1140 Lexington Road

City State Zip Code  
Georgetown KY 40324-9330

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

Name of Employer  
Lake Cumberland Regional Hospital

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 17717522

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Nina W Eisner

Mailing Address 3050 Rio Dosa Drive

City State Zip Code  
Lexington KY 40509-9990

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

Name of Employer  
Ridge Behavioral Health System

Occupation  
Chief Executive Officer and Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 17717525

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 91 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Robert Shaw

Mailing Address 19 Hill River Rd

City State Zip Code  
Louisville KY 40207-1191

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

Name of Employer Occupation  
Norton Healthcare President Cancer Institute

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** 17717528

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joel Gilbertson

Mailing Address 2100 Lake Washington Dr N  
Unit I-101

City State Zip Code  
Renton WA 98056-1449

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

Name of Employer Occupation  
Providence Health & Services VP, Government & Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

**Transaction ID:** 17718319

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Stephanie L Bloom

Mailing Address 109 Rowan Court

City State Zip Code  
Manahawkin NJ 08050-2900

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

Name of Employer Occupation  
Community Medical Center 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  
1 1 / 2 7 / 2 0 0 9

**Transaction ID:** 17718691

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 92 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code  
Manasquan NJ 08736-4001

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

Name of Employer Occupation  
New Jersey Hospital Association Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2009

**Transaction ID:** 17718696

Amount of Each Receipt this Period  
5.00

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

Mailing Address 121 Clear Creek Road

City State Zip Code  
Langhorne PA 19047-2306

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2009

**Transaction ID:** 17718703

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald J Del Mauro

Mailing Address 50 Sherwood Drive

City State Zip Code  
Watchung NJ 07069-6136

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2009

**Transaction ID:** 17718705

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **510.00**

**TOTAL** This Period (last page this line number 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 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 27 Harvest Lane

City State Zip Code  
Livingston NJ 07039-2750

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

Name of Employer  
New Jersey Hospital Association

Occupation  
Vice President Continuing Care Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

**Transaction ID:** 17718710

Amount of Each Receipt this Period  
15.00

**B.**

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
New Hope PA 18938-5760

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

Name of Employer  
New Jersey Hospital Association

Occupation  
Sr. VP., Health Economics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
344.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

**Transaction ID:** 17718715

Amount of Each Receipt this Period  
5.00

**C.**

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

Mailing Address 23 E. Delaware Avenue

City State Zip Code  
Pennington NJ 08534-2302

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

Name of Employer  
New Jersey Hospital Association

Occupation  
General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

**Transaction ID:** 17718716

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **25.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger D. Sarao, Jr.  
Mailing Address 4 Poppy Lane

City State Zip Code  
Howell NJ 07731-1451

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

Name of Employer: New Jersey Hospital Association  
Occupation: VP Health Economics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 27 / 2009  
**Transaction ID: 17718738**  
Amount of Each Receipt this Period: 5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr C.J. Christensen  
Mailing Address 400 Lakeview Drive

City State Zip Code  
Marion KY 42064-7208

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

Name of Employer: Crittenden County Hospital  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 30 / 2009  
**Transaction ID: 17720875**  
Amount of Each Receipt this Period: 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne A. Smith  
Mailing Address 1280 South Governors Avenue

City State Zip Code  
Dover DE 19904-4802

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

Name of Employer: Delaware Healthcare Association  
Occupation: President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 11 / 30 / 2009  
**Transaction ID: 17721101**  
Amount of Each Receipt this Period: 690.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1045.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 25 Highland Avenue

City State Zip Code  
Newburyport MA 01950-3867

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

Name of Employer Occupation  
Anna Jaques Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

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

Transaction ID: 17721104

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jason Carlson

Mailing Address 30 South Behl Street

City State Zip Code  
Appleton MN 56208-1616

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

Name of Employer Occupation  
Appleton Area Health Services Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: 17721112

Amount of Each Receipt this Period

65.00

**C.**

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

Mailing Address 1300 Anne St. NW

City State Zip Code  
Bemidji MN 56601-5103

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 17721118

Amount of Each Receipt this Period

75.00

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

440.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

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

Name of Employer Occupation  
Minnesota Hospital Association President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 17721119

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin E Lofton

Mailing Address 47 Tamarade Drive

City State Zip Code  
Littleton CO 80127-3519

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

Name of Employer Occupation  
Catholic Health Initiatives President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** 17721127

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 506A East Howell Avenue

City State Zip Code  
Alexandria VA 22301-1216

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

Name of Employer Occupation  
American Hospital Association-Washingt Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR1034595123063

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1240.00**

**TOTAL** This Period (last page this line 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 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1045726223063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Sarah Berk	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1082532723063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1113464223063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>144.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Davon Gray

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 Legislative Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR1143013023063

Amount of Each Receipt this Period 28.00

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

**B.**

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR1260472923063

Amount of Each Receipt this Period 28.00

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

**C.**

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

Mailing Address 506A Howell

City Alexandria State VA Zip Code 22301-1216

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009

Transaction ID: PR1300853723063

Amount of Each Receipt this Period 28.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 99 / 145</span> (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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield</p> <p>Mailing Address One North Franklin Street Suite 32139</p> <p>City State Zip Code Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Hospital Association-Chicago      Occupation Senior Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">869.60</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR1302378923063</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">86.96</span></p> <p>P/R Deduction (\$43.48 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Wadzinski</p> <p>Mailing Address One North Franklin</p> <p>City State Zip Code Chicago IL 60606-3436</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Hospital Association-Chicago      Occupation Vice President Account Services</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1110.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR1347703423063</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay</p> <p>Mailing Address One North Franklin</p> <p>City State Zip Code Chicago IL 60606-3436</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Hospital Association-Chicago      Occupation Vice President &amp; CIO</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">460.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR1347703623063</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><span style="border: 1px solid black; padding: 2px;">166.96</span></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><span style="border: 1px solid black; padding: 2px;"> </span></p>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR1347791023063

Amount of Each Receipt this Period  
28.00

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

**B.**

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2802

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR1384065323063

Amount of Each Receipt this Period  
78.00

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

**C.**

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR1492459923063

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 146.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Monica D Day	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 10224 Prince Place #205	<b>Transaction ID:</b> PR1516850623063
	City State Zip Code Largo MD 20774-1210	Amount of Each Receipt this Period 29.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 306.39	P/R Deduction (\$14.59 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Elisa Arespachoga	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address One North Franklin	<b>Transaction ID:</b> PR1555656223063
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 30.44
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Direcor, Constituency Sectio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.40	P/R Deduction (\$15.22 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1555656523063
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 30.44
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Asst. Director Advocacy & Member Commu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.40	P/R Deduction (\$15.22 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Kathy Poole	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address One North Franklin	<b>Transaction ID:</b> PR1589439923063
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 31.82
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.27	P/R Deduction (\$15.91 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Linda Fishman	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR327629123063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 11004 Petersborough Drive	<b>Transaction ID:</b> PR327745923063
	City State Zip Code Rockville MD 20852-3249	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 103 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 122 N. Greenwood Avenue

City State Zip Code  
Park Ridge IL 60068-3227

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

Name of Employer American Hospital Association-Chicago      Occupation Associate Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR327771623063  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR327777223063  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 1022 S. Harvey Avenue

City State Zip Code  
Oak Park IL 60304-2132

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR327777823063  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** PR327801723063

Amount of Each Receipt this Period  
40.00

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

**B.**

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Chief Executive Officer, AONE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** PR327812023063

Amount of Each Receipt this Period  
78.00

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

**C.**

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

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

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

Name of Employer American Hospital Association-Washingt  
Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** PR327831723063

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **158.00**

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



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

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

FOR LINE NUMBER: PAGE 105 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President, Meetings & Travel Serv

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009  
Transaction ID: PR327846223063  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2009  
Transaction ID: PR327851923063  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009  
Transaction ID: PR327858023063  
Amount of Each Receipt this Period 78.00  
P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 146.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

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

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR327877823063

Amount of Each Receipt this Period  
78.00

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

**B.**

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

Mailing Address 130 North Garland Court #3002

City State Zip Code  
Chicago IL 60602-4750

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR327895723063

Amount of Each Receipt this Period  
40.00

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

**C.**

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

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation Director Membership

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR327918923063

Amount of Each Receipt this Period  
28.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **146.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 107 / 145</span> (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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">897.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR328132823063</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">78.00</span></p> <p>P/R Deduction (\$39.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach</p> <p>Mailing Address 204 7th Ave</p> <p>City State Zip Code La Grange IL 60525-6406</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">897.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR328136923063</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">78.00</span></p> <p>P/R Deduction (\$39.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett</p> <p>Mailing Address One North Franklin Street</p> <p>City State Zip Code Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Hospital Association-Chicago Occupation Executive Director, SHSMD</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">322.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR328174923063</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">28.00</span></p> <p>P/R Deduction (\$14.00 Bi-Weekly)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><span style="border: 1px solid black; padding: 2px;">184.00</span></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><span style="border: 1px solid black; padding: 2px;"> </span></p>

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

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

FOR LINE NUMBER: PAGE 108 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. 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 ▼ 897.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR328223823063  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City Silver Spring State MD Zip Code 20906

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR328224923063  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 460.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR328241423063  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 196.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 3475 North Venice Street	<b>Transaction ID:</b> PR328260923063
	City State Zip Code Arlington VA 22207-4446	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1221 Cavalier Road	<b>Transaction ID:</b> PR328310423063
	City State Zip Code Arnold MD 21012-2126	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Strategic Commun Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR328341823063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 897.00	P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	234.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 110 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carla L. Luggiero

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 ▼ 230.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR328490123063  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn Forcina

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 ▼ 897.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR328511823063  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alicia N. Mitchell

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 Vice President, Media Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR328512023063  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 138.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address One North Franklin St.

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation Senior Director, Health Data Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
431.81

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR328641123063

Amount of Each Receipt this Period  
45.46

P/R Deduction (\$22.73 Bi-Weekly)

**B.**

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

Mailing Address One North Franklin Ave.

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association  
Occupation President & CEO, AHA Solutions, Inc.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR328913323063

Amount of Each Receipt this Period  
88.00

P/R Deduction (\$44.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation SPSA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** PR329013423063

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **173.46**

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

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

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

FOR LINE NUMBER: PAGE 112 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR329071323063  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR329084423063  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

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

Name of Employer American Hospital Association-Chicago  
Occupation AHA Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR329215723063  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 196.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** PR329342623063

Amount of Each Receipt this Period  
28.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City State Zip Code  
Chicago IL 60626-3861

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

Name of Employer American Hospital Association-Chicago  
Occupation Executive Director, ASDVS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** PR329654223063

Amount of Each Receipt this Period  
28.00

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

**C.**

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago  
Occupation Senior Director Member Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** PR330343323063

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **96.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago  
Occupation Associate Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2009  
Transaction ID: PR330411623063  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Deputy General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009  
Transaction ID: PR330465223063  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**C.**

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

Mailing Address 4960 138th Cricle West

City State Zip Code  
Apple Valley MN 55124-9229

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

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009  
Transaction ID: PR330475423063  
Amount of Each Receipt this Period 78.00  
P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 146.00

**TOTAL** This Period (last page this line 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 115 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 6109 North 9th Road		<b>Transaction ID:</b> PR330534323063
	City Arlington	State VA	Zip Code 22205-1609
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address One North Franklin		<b>Transaction ID:</b> PR330547723063
	City Chicago	State IL	Zip Code 60606-3436
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 172 Atteridge		<b>Transaction ID:</b> PR330549223063
	City Lake Forest	State IL	Zip Code 60045-1715
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 94.00
	Name of Employer American Hospital Association-Chicago	Occupation Vice President, Constituency Section	P/R Deduction (\$47.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	174.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 116 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation V.P., Advocacy & Member Communications

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  

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

**Transaction ID:** PR330776123063

Amount of Each Receipt this Period 40.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code  
Arlington VA 22205-3515

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

Name of Employer American Hospital Association-Washingt  
Occupation Director, State Issues Forum

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt  

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

**Transaction ID:** PR331278823063

Amount of Each Receipt this Period 28.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt  
Occupation Director Advocacy and Public Policy Op

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  

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

**Transaction ID:** PR331304223063

Amount of Each Receipt this Period 40.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 117 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR331379123063  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR331386923063  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City Austin State TX Zip Code 78761-5587

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1334.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** PR331416023063  
 Amount of Each Receipt this Period 116.00  
 P/R Deduction (\$58.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 172.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Donald May

Mailing Address 521 Great Falls St.

City Falls Church State VA Zip Code 22046-2613

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009

**Transaction ID:** PR331533223063

Amount of Each Receipt this Period 78.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Summy

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.40

Date of Receipt 11 / 30 / 2009

**Transaction ID:** PR346168123063

Amount of Each Receipt this Period 39.84

P/R Deduction (\$19.92 Bi-Weekly)

**C.**

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

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2009

**Transaction ID:** PR517619723063

Amount of Each Receipt this Period 78.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **195.84**

**TOTAL** This Period (last page this line 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 119 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Megan Cundari	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR518031923063
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 43.48
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 434.80	P/R Deduction (\$21.74 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Laura M. Werner	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR560101523063
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 30.44
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.40	P/R Deduction (\$15.22 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW	<b>Transaction ID:</b> PR566280923063
	City Washington State DC Zip Code 20004-2802	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>113.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 606 S. Royal St.	<b>Transaction ID:</b> PR766023723063
	City State Zip Code Alexandria VA 22314-4142	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR801366323063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR876637223063
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$21.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 121 / 145  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.00

Date of Receipt  

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

**Transaction ID:** PR936292323063

Amount of Each Receipt this Period  
28.00

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

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

Mailing Address One N. Franklin Street

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation Executive Director Quality Center

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.00

Date of Receipt  

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

**Transaction ID:** PR939603923063

Amount of Each Receipt this Period  
28.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	56.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	107896.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 145  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
27075.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

**Transaction ID:** 17653586

Amount of Each Receipt this Period  
14349.00

**B.** Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

**Transaction ID:** 17655978

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
63500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

**Transaction ID:** 17700777

Amount of Each Receipt this Period  
12000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **36349.00**

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

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

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

FOR LINE NUMBER: PAGE 123 / 145  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160000.00

Date of Receipt  

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

**Transaction ID:** 17700823

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13775.00

Date of Receipt  

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

**Transaction ID:** 17708988

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Healthcare Association of Hawaii PAC

Mailing Address 932 Ward Avenue, Suite 430

City State Zip Code  
Honolulu HI 96814

FEC ID number of contributing federal political committee. **C** C00159061

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 17714745

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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

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

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

FOR LINE NUMBER: PAGE 124 / 145  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
170000.00

Date of Receipt  

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

Transaction ID: 17714911

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	57849.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 145  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3005.70

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 0 9

Transaction ID: 17804765

Amount of Each Receipt this Period  
253.14

Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	253.14
<b>TOTAL</b> This Period (last page this line number only) .....	▶	253.14

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700882</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Texans For Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lamar S. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700884</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress</p> <p>Mailing Address P.O. Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700885</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Coulson For Congress</p> <p>Mailing Address PO Box 2354</p> <p>City Glenview State IL Zip Code 60025</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Elizabeth Coulson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700891 <b>Date of Disbursement</b> 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700893 <b>Date of Disbursement</b> 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey</p> <p>Mailing Address P O Box 1322 PO Box 1322</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. David R. Obey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700896 <b>Date of Disbursement</b> 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress	Transaction ID: 17700897 Date of Disbursement
	Mailing Address PO Box 1045	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Erie State PA Zip Code 16512	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Kathleen A. Dahlkemper	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress	Transaction ID: 17700903 Date of Disbursement
	Mailing Address 1001 Brickell Bay Drive 9th Floor	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Miami State FL Zip Code 33131	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Lincoln G. Diaz-Balart	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Hastings For Congress	Transaction ID: 17700906 Date of Disbursement
	Mailing Address P.O. Box 100277	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Ft. Lauderdale State FL Zip Code 33310	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Alcee L. Hastings	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mario Diaz-Balart For Congress</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mario Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700907</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
2500.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ronald Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700909</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
2500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress</p> <p>Mailing Address P O Box 52-2784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ileana Ros-Lehtinen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700912</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
2500.00																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td style="font-weight: bold;">7500.00</td> </tr> </table>	7500.00
7500.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 145

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Tom Rooney For Congress	Transaction ID: 17700913 Date of Disbursement 11 / 10 / 2009
	Mailing Address 2336 S. East Ocean Blvd. #313	Amount of Each Disbursement this Period 2500.00
	City Stuart State FL Zip Code 34996	
	Purpose of Disbursement Contribution Candidate Name Rep. Tom Rooney	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress	Transaction ID: 17700914 Date of Disbursement 11 / 10 / 2009
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 2500.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement Contribution Candidate Name Rep. Debbie Wasserman-Schultz	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey	Transaction ID: 17700915 Date of Disbursement 11 / 10 / 2009
	Mailing Address P. O. Box 360877	Amount of Each Disbursement this Period 1500.00
	City Melbourne State FL Zip Code 32936	
	Purpose of Disbursement Contribution Candidate Name Rep. Bill Posey	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 145

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Suzanne M. Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700916 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mica For Congress</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John L. Mica Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700918 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Crenshaw For Congress Campaign</p> <p>Mailing Address 4963 Beach Boulevard Suite 1</p> <p>City Jacksonville State FL Zip Code 32207</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Ander Crenshaw Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700921 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
2500.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress	Transaction ID: 17700922 Date of Disbursement
	Mailing Address P. O. Box 48928	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Vernon Buchanan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite	Transaction ID: 17700925 Date of Disbursement
	Mailing Address PO Box 865	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Brooksville State FL Zip Code 34605	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Virginia Brown-Waite	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Bilirakis For Congress	Transaction ID: 17700927 Date of Disbursement
	Mailing Address PO Box 606	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Tarpon Springs State FL Zip Code 34688	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Rep. Gus M. Bilirakis	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns</p> <p>Mailing Address PO Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Clifford B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700930</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeff Miller For Congress</p> <p>Mailing Address P. O. Box 126</p> <p>City Pensacola State FL Zip Code 32591</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jeff B. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700933</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Connie Mack</p> <p>Mailing Address P.O. Box 519 Pmb 388</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Connie Mack, IV</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700934</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 145

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gingrey For Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17704925 <b>Date of Disbursement</b> 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bill Shuster For Congress</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. William Franklin Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17704926 <b>Date of Disbursement</b> 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address PO Box 2323</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17704927 <b>Date of Disbursement</b> 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) McCaul For Congress, Inc <hr/> Mailing Address 815-A Brazos Street Pmb 230 <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michael T. McCaul Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17704960 Date of Disbursement 11 / 13 / 2009	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) John Salazar For Congress <hr/> Mailing Address PO Box 534 <hr/> City Pueblo State CO Zip Code 81002 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John T. Salazar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17704961 Date of Disbursement 11 / 13 / 2009	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota <hr/> Mailing Address PO Box 4146 <hr/> City St Paul State MN Zip Code 55104 <hr/> Purpose of Disbursement 2012 Contribution Candidate Name Amy Klobuchar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17704967 Date of Disbursement 11 / 13 / 2009	Amount of Each Disbursement this Period 1000.00 2012 Contribution

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Loretta Sanchez

Mailing Address 1212 S. Victory Blvd.  
Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Loretta Sanchez

Office Sought:  House  
 Senate  
 President

State: CA District: 47

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17708980  
Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

2000.00

011  
Category/  
Type

Contribution

**B.** Full Name (Last, First, Middle Initial)  
McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thaddeus G. McCotter

Office Sought:  House  
 Senate  
 President

State: MI District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17714751  
Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Contribution

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

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael K. Simpson

Office Sought:  House  
 Senate  
 President

State: ID District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17714816  
Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 02</p>	<p><b>Transaction ID:</b> 17714825</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Brad Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 13</p>	<p><b>Transaction ID:</b> 17714828</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 06</p>	<p><b>Transaction ID:</b> 17714862</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Quigley For Congress</p> <p>Mailing Address PO Box 13040</p> <p>City Chicago State IL Zip Code 60613</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Mike Quigley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17714889</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	9													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rob Wittman For Congress</p> <p>Mailing Address PO Box 999</p> <p>City Montross State VA Zip Code 22520</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Robert J. Wittman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17714904</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	9													
500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) James Webb For Senate</p> <p>Mailing Address PO Box 17427</p> <p>City Arlington State VA Zip Code 22216</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Mr. James Webb</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17714908</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <p>2012 Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	9													
500.00																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table>	2000.00
2000.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td style="text-align: center;"> </td> </tr> </table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement Void of 10/09 check	Transaction ID: 17715888 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period -2500.00 <hr/> Void of 10/09 check		
		Candidate Name Rep. Allyson Y. Schwartz	Category/ Type 011
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Campaign For Our Country <hr/> Mailing Address 10 G Street, NE Suite 710 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Void of 9/09 check	Transaction ID: 17715902 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period -2500.00 <hr/> Void of 9/09 check		
		Candidate Name Campaign For Our Country	Category/ Type 011
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Lewis For Congress <hr/> Mailing Address PO Box 2323 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement Void of 9/09 check	Transaction ID: 17715904 Date of Disbursement 11 / 23 / 2009 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> Void of 9/09 check		
		Candidate Name Rep. John Lewis	Category/ Type 011
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

-6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.	Transaction ID: 17767081 Date of Disbursement
	Mailing Address P.O. Box 714	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Hackensack State NJ Zip Code 07602	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Rep. Steven R. Rothman	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Candice Miller For Congress	Transaction ID: 17767863 Date of Disbursement
	Mailing Address P.O. Box 182152	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Shelby Township State MI Zip Code 48318	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Rep. Candice S. Miller	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Peters For Congress	Transaction ID: 17785434 Date of Disbursement
	Mailing Address PO Box 226	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Bloomfield Hills State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Gary Peters	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Rogers For Congress  Mailing Address 123 East 13th Street  City Anniston State AL Zip Code 36201  Purpose of Disbursement Contribution Candidate Name Rep. Michael D. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 03	<b>Transaction ID:</b> 17785817 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Griffith For Congress  Mailing Address PO Box 2916  City Huntsville State AL Zip Code 35804  Purpose of Disbursement Contribution Candidate Name Rep. Parker Griffith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	<b>Transaction ID:</b> 17786469 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Bright For Congress.Com  Mailing Address P.O.Box 2106  City Montgomery State AL Zip Code 36102  Purpose of Disbursement Contribution Candidate Name Rep. Bobby Neal Bright, Sr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 02	<b>Transaction ID:</b> 17786965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rex Rice For Congress</p> <p>Mailing Address 301 Providence Way PO Box 1706</p> <p>City Easley State SC Zip Code 29642</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Rex Rice</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17787428 <b>Date of Disbursement</b> 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement Void of 10/09 check</p> <p>Candidate Name Rep. Virginia Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17811692 <b>Date of Disbursement</b> 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Void of 10/09 check</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Corrine Brown</p> <p>Mailing Address 3563 Carriage Walk Lane</p> <p>City Laurel State MD Zip Code 20724</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Corrine Brown</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17811695 <b>Date of Disbursement</b> 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) National Leadership PAC		Transaction ID: 17814007	
	Mailing Address 635 B Pennsylvania Ave.		Date of Disbursement 11 / 02 / 2009	
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void of 10/09 check		011 Category/ Type	
	Candidate Name National Leadership PAC			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Void of 10/09 check
	State:	District:		

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

-1000.00

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

65500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 17804713 Date of Disbursement 11 / 02 / 2009
	Mailing Address Ste. 001	
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period 4.95
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 17804714 Date of Disbursement 11 / 05 / 2009
	Mailing Address Ste. 001	
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period 109.69
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

C.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 17804725 Date of Disbursement 11 / 03 / 2009
	Mailing Address 1601 Elm Street	
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period 80.85
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	195.49
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Transaction ID: 17804757 Date of Disbursement																					
	Mailing Address 1400 G Street, NW			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	1	/	1	8	/	2	0	0	9																
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Bank Fee			<table border="1"> <tr> <td colspan="10">33.80</td> </tr> </table>			33.80																		
33.80																									
	Candidate Name			<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type			001																		
001																									
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State:	District:																							
				Bank Fee																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>33.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>229.29</b>