

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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	2014391.68									
(c) Total Receipts (from Line 19)	280116.30	1917534.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2294507.98	3257208.59								
7. Total Disbursements (from Line 31)	103660.80	1066361.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2190847.18	2190847.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	142545.45	875269.05
(ii) Unitemized	83428.09	407907.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	225973.54	1283176.07
(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)	225973.54	1283176.07
12. Transfers From Affiliated/Other Party Committees	53865.00	609075.00
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.)	277.76	3283.46
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))	280116.30	1917534.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	280116.30	1917534.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	410.80	6302.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	410.80	6302.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103250.00	1056241.69
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))..	103660.80	1066361.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103660.80	1066361.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 194

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)	225973.54	1283176.07
34. Total Contribution Refunds (from Line 28(d))	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	225973.54	1282276.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	410.80	6302.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	410.80	6302.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 194
(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)
Mary Franco

Mailing Address 684 Valley Rd

City State Zip Code
New Canaan CT 06840-3335

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

Name of Employer Occupation
Norwalk Hospital VP Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 17745010

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 56 Franklin Street

City State Zip Code
Waterbury CT 06706-1238

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

Name of Employer Occupation
Saint Mary's Hospital 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 Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 17745011

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Geoffrey F Cole

Mailing Address 34 Maple Street

City State Zip Code
Norwalk CT 06850-3815

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

Name of Employer Occupation
Norwalk Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 17745012

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 7 / 194
(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. Gregg B. Everett

Mailing Address 109 Ocala Drive

City State Zip Code
Montgomery AL 36117-6964

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

Name of Employer Alabama Hospital Association
Occupation Sr. Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 17751351

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. J. Frazer Rolen, Jr.

Mailing Address 2204 Lakeshore Drive
Suite 230

City State Zip Code
Birmingham AL 35209-6729

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

Name of Employer Alabama Hospital Association
Occupation Sr. VP & Director, Federal Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 17751352

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Danne J. Howard

Mailing Address 1812 Woodmere Loop

City State Zip Code
Montgomery AL 36117-5004

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

Name of Employer Alabama Hospital Association
Occupation VP, State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 17751353

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 194
(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. Jane Knight

Mailing Address 1612 Salisbury Place

City State Zip Code
Montgomery AL 36117-2562

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

Name of Employer Alabama Hospital Association
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 17751354

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Don Hogan

Mailing Address 199 Wesobulga Street

City State Zip Code
Lineville AL 36266-4743

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

Name of Employer Clay County Hospital
Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 17751355

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. A. Elizabeth Anderson

Mailing Address 6600 Apple Cross Drive North

City State Zip Code
Mobile AL 36695-2900

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

Name of Employer University of South Alabama Children's
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2009

Transaction ID: 17751373

Amount of Each Receipt this Period
550.00

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 9 / 194
(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)
Mrs. Jennie R Rhinehart

Mailing Address 805 Friendship Road

City State Zip Code
Tallassee AL 36078-1234

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

Name of Employer Community Hospital Occupation Administrator and Chief Executive Offi

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 2 / 0 2 / 2 0 0 9

Transaction ID: 17751374

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Ms. Rosemary Blackmon

Mailing Address 547 Le Grand Place

City State Zip Code
Montgomery AL 36106-1825

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

Name of Employer Alabama Hospital Associat- Occupation Vice President of Public 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 2 / 0 2 / 2 0 0 9

Transaction ID: 17751375

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. R. Thomas Cooper, III

Mailing Address 404 Paddock Lane

City State Zip Code
Montgomery AL 36109-4625

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

Name of Employer Alabama Hospital Associat- Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 17751376

Amount of Each Receipt this Period
350.00

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 10 / 194
(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. Dean A Griffin

Mailing Address P O Box 2239

City State Zip Code
Decatur AL 35609-2239

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

Name of Employer Occupation
Decatur General Hospital Chief Executive Officer

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 2 / 0 2 / 2 0 0 9

Transaction ID: 17751377

Amount of Each Receipt this Period
375.00

B.

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

Mailing Address 350 Engle Street

City State Zip Code
Englewood NJ 07631-1808

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

Name of Employer Occupation
Englewood Hospital and Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17753494

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert P Wise, , FACHE

Mailing Address 2100 Wescott Drive

City State Zip Code
Flemington NJ 08822-4603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17753503

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms Patricia G Ball

Mailing Address 2800 North Dallas Parkway
Suite 200

City Plano State TX Zip Code 75093-5993

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

Name of Employer LHP Hospital Group Occupation SVP of Strategic Dev & Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 02 / 2009
Transaction ID: 17753533
Amount of Each Receipt this Period: 1000.00

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

Mailing Address Post Office Box 100

City New Britain State CT Zip Code 06050-4000

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

Name of Employer Central Connecticut Health Alliance Occupation VP Payer Relations/ Gov Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 03 / 2009
Transaction ID: 17754304
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M Fried, , FACHE

Mailing Address 424 Savannah Road

City Lewes State DE Zip Code 19958-1462

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2009
Transaction ID: 17754306
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 194
(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 Anderson

Mailing Address 1501 S. Virginia Ave.

City State Zip Code
Atoka OK 74525-3298

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

Name of Employer Occupation
St. John Medical Center 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 2 / 0 4 / 2 0 0 9

Transaction ID: 17754323

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-5445

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

Name of Employer Occupation
St. John Medical Center 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 2 / 0 4 / 2 0 0 9

Transaction ID: 17754325

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dewey Davis

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6502

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

Name of Employer Occupation
St. John 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 2 / 0 4 / 2 0 0 9

Transaction ID: 17754326

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 13 / 194
(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. Shelly Dunham

Mailing Address P O Box 489

City State Zip Code
Okeene OK 73763-0489

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

Name of Employer Occupation
Okeene Municipal Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17754328

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)

Sister M Therese Gottschalk

Mailing Address P O Box 4753

City State Zip Code
Tulsa OK 74159-0753

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

Name of Employer Occupation
Marian Health System President

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17754330

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Bruce Lawrence

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4481

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

Name of Employer Occupation
Integris Baptist Medical Center President and 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 2 / 0 4 / 2 0 0 9

Transaction ID: 17754332

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1042.00

TOTAL This Period (last page this line number 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 / 194
(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. Michael Nunamaker

Mailing Address 2220 West Iowa Avenue

City State Zip Code
Chickasha OK 73018-2700

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

Name of Employer Grady Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17754334

Amount of Each Receipt this Period
2.50

B.

Full Name (Last, First, Middle Initial)
Mr. David R Stire

Mailing Address 3500 East Frank Phillips Blvd

City State Zip Code
Bartlesville OK 74006-2411

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

Name of Employer Jane Phillips Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17754348

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jane Craigin

Mailing Address 412 North Monroe Street

City State Zip Code
Williamsport IN 47993-1049

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

Name of Employer St. Vincent Williamsport Hospital Occupation 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 2 / 0 3 / 2 0 0 9

Transaction ID: 17754688

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **502.50**

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

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

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

FOR LINE NUMBER: PAGE 15 / 194
(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. R. Mark Ellison

Mailing Address 3040 Reflection Ct.

City Greenwood State IN Zip Code 46143-6618

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

Name of Employer St. Vincent Indianapolis Hospital Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2009

Transaction ID: 17754703

Amount of Each Receipt this Period 250.00

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

Mailing Address P O Box 499

City Paoli State IN Zip Code 47454-0499

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

Name of Employer Bloomington Hospital of Orange County Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2009

Transaction ID: 17754758

Amount of Each Receipt this Period 250.00

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

Mailing Address P O Box 608

City Rushville State IN Zip Code 46173-0608

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 03 / 2009

Transaction ID: 17754772

Amount of Each Receipt this Period 175.00

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 16 / 194

(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. Sally Nan Barber

Mailing Address P O Box 800809

City State Zip Code
Charlottesville VA 22908-0809

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

Name of Employer Occupation
University of Virginia Medical Center Special Advisor for State & Federal Re

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

Date of Receipt

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

Transaction ID: 17754802

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Mr Mark Benininghoff

Mailing Address 209 S Braddock St

City State Zip Code
Winchester VA 22601-4042

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

Name of Employer Occupation
Valley Health System COO

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

Date of Receipt

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

Transaction ID: 17754805

Amount of Each Receipt this Period

350.00

C.

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

Mailing Address 2225 Arynness Drive

City State Zip Code
Vienna VA 22181-3047

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

Name of Employer Occupation
Inova Health System Trustee

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

Date of Receipt

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

Transaction ID: 17754806

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 194
(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 W. Scott Burnett

Mailing Address 512 Binford St

City State Zip Code
South Hill VA 23970-1510

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

Name of Employer
Community Memorial Health-center

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17755332

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. George W Dawson

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
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17759361

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City State Zip Code
Centreville VA 20120-3755

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

Name of Employer
Mary Washington Hospital

Occupation
Vice President, Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17762688

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 / 194
(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 Ronald Ewald

Mailing Address 3300 Gallows Road

City Falls Church State VA Zip Code 22042-3300

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

Name of Employer Inova Fairfax Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 17762694

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr John Gaul

Mailing Address 8013 River Falls Dr

City Potomac State MD Zip Code 20854-3849

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

Name of Employer Inova Health System Occupation General Counsel

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 2 / 0 3 / 2 0 0 9

Transaction ID: 17768831

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms Maria Hopper

Mailing Address 206 Duke St

City Alexandria State VA Zip Code 22314-3806

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

Name of Employer Inova Health System Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 17770644

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 19 / 194
(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 Jennins

Mailing Address 4715 White Owl Cresent

City State Zip Code
Chesapeake VA 23321-1250

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

Name of Employer Occupation
Sentara Healthcare Vice President Pharmacy

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 2 / 0 3 / 2 0 0 9

Transaction ID: 17770645

Amount of Each Receipt this Period

150.00

B.

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

Mailing Address PO Box 25

City State Zip Code
Roanoke VA 24002-0025

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

Name of Employer Occupation
Carilion Clinic 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 2 / 0 3 / 2 0 0 9

Transaction ID: 17786259

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Donald E. Lorton

Mailing Address 1141 Windy Hill Road

City State Zip Code
Goodview VA 24095-2909

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

Name of Employer Occupation
Carilion Clinic 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 2 / 0 3 / 2 0 0 9

Transaction ID: 17788020

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 194
(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 Dennis Means, MD

Mailing Address 2071 Peakland Way

City State Zip Code
Christiansburg VA 24073-4299

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

Name of Employer Occupation
Carilion Clinic 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 2 / 0 3 / 2 0 0 9

Transaction ID: 17788025

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr Mark Merrill

Mailing Address PO Box 2138

City State Zip Code
Winchester VA 22604-1338

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

Name of Employer Occupation
Valley Health System President & CEO

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 2 / 0 3 / 2 0 0 9

Transaction ID: 17788026

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edward G Murphy, , M.D.

Mailing Address P O Box 13367

City State Zip Code
Roanoke VA 24033-3367

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 17789476

Amount of Each Receipt this Period
350.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 194
(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 Mark Pierce, MD
 Mailing Address 1856 Zion Church Rd
 City State Zip Code
 Maurertown VA 22644-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warren Memorial Hospital Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 12 / 03 / 2009
Transaction ID: 17790470
 Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Kylanne Silverstone
 Mailing Address 10620 Belfast Place
 City State Zip Code
 Potomac MD 20854-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 12 / 03 / 2009
Transaction ID: 17790917
 Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Hugh Thornhill
 Mailing Address 2715 Rosalind Avenue, SW
 City State Zip Code
 Roanoke VA 24014-2329
 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 12 / 03 / 2009
Transaction ID: 17790921
 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 22 / 194
	<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. Roderick Williams	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 19434 Valleybrook Lane	Transaction ID: 17792823
	City State Zip Code Leesburg VA 20175-8988	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Health System Occupation VP/ Community Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Ms. Claire Murray	Date of Receipt MM / DD / YYYY 12 / 05 / 2009
	Mailing Address 1501 Twelfth Ave.	Transaction ID: 17795096
	City State Zip Code Watervliet NY 12189-2402	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New York Organization Nurse Executives Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Ms. Patricia Yoder-Wise	Date of Receipt MM / DD / YYYY 12 / 05 / 2009
	Mailing Address 7309 93rd Street	Transaction ID: 17795098
	City State Zip Code Lubbock TX 79424-4939	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Wise Group Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	410.00
TOTAL This Period (last page this line number 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 / 194
(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. Amy Adome

Mailing Address 1001 Sam Perry Blvd.

City State Zip Code
Fredericksburg VA 22401-4453

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

Name of Employer Occupation
Medicorp Health System Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17795188

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter J. Bernard

Mailing Address 5801 Breomo Road

City State Zip Code
Richmond VA 23226-1900

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

Name of Employer Occupation
Bon Secours-Richmond Community Hospita CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17795192

Amount of Each Receipt this Period
350.00

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

Mailing Address 11409 North Club Drive

City State Zip Code
Fredericksburg VA 22408-2064

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

Name of Employer Occupation
Medicorp Health System Sr Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17795736

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 24 / 194
(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 J Halseth
Mailing Address P O Box 3340
City Winchester State VA Zip Code 22604-1334
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Health System Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 03 / 2009
Transaction ID: 17795739
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. William D Jacobsen
Mailing Address 180 Floyd Avenue
City Rocky Mount State VA Zip Code 24151-1318
FEC ID number of contributing federal political committee. **C**
Name of Employer Carilion Franklin Memorial Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 03 / 2009
Transaction ID: 17795741
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Dr. Donald Jansen, M.D.
Mailing Address 118 Jenny Court
City Strasburg State VA Zip Code 22657-3789
FEC ID number of contributing federal political committee. **C**
Name of Employer Shenandoah Memorial Hospital Occupation Vice President, Medical Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 03 / 2009
Transaction ID: 17795742
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 / 194
(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 Dean Morehouse

Mailing Address 14290 Cypress Island Circle

City State Zip Code
West Palm Beach FL 33410-1031

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

Name of Employer Inova Health System Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17795772

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 3221 Sargent Drive

City State Zip Code
Falls Church VA 22044-1614

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

Name of Employer Inova Fairfax Hospital Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17795788

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms Kathy Walls

Mailing Address 11513 Kingswood BLVD

City State Zip Code
Fredericksburg VA 22408-1882

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

Name of Employer Medisorp Health System Occupation Executive Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 17795798

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 26 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1319 Walhni Street

City State Zip Code
Galveston TX 77554-6918

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

Name of Employer Occupation
University of Texas Medical Branch Hospital Chief Nursing & Patient Care Services

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

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

Transaction ID: 17795852

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 70 Butler Street

City State Zip Code
Salem NH 03079-3925

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

Name of Employer Occupation
Northeast Rehabilitation Hospital Chief Executive Officer and Administration

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

Date of Receipt

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

Transaction ID: 17796805

Amount of Each Receipt this Period

350.00

C.

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

Mailing Address 2701 North Decatur Road

City State Zip Code
Decatur GA 30033-5918

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796824

Amount of Each Receipt this Period

250.00

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 27 / 194

(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. Chad R. Austin

Mailing Address 6518 SW 26th Court

City State Zip Code
Topeka KS 66614-4305

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.31

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796847

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ron Bender

Mailing Address P O Box 512

City State Zip Code
Clay Center KS 67432-0512

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

Name of Employer Occupation
Clay County Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796850

Amount of Each Receipt this Period

262.50

C.

Full Name (Last, First, Middle Initial)
Nancy Carpenter

Mailing Address 602 Iowa

City State Zip Code
Neodesha KS 66757-1570

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

Name of Employer Occupation
Wilson Medical Center CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796854

Amount of Each Receipt this Period

437.50

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 194
(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)

Stella Clark

Mailing Address PO Box 1032

City State Zip Code
Parsons KS 67357-1032

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

Name of Employer Occupation
Labette Health VP of Patient Services/CNO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796856

Amount of Each Receipt this Period

235.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin P Conlin

Mailing Address 3720 East Bayley

City State Zip Code
Wichita KS 67218-3002

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

Name of Employer Occupation
Via Christi Health System President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796857

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael A Dorsey

Mailing Address 8929 Parallel Parkway

City State Zip Code
Kansas City KS 66112-1689

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796861

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

735.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 194
(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. Beth Hedberg

Mailing Address 2570 First Avenue

City Marquette State KS Zip Code 67464-9801

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

Name of Employer Lindsborg Community Hospital Occupation Nursing Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 04 / 2009
Transaction ID: 17796877
Amount of Each Receipt this Period 312.50

B. Full Name (Last, First, Middle Initial)
Mr. Leonard Hernandez

Mailing Address P O Box 937

City Elkhart State KS Zip Code 67950-0937

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

Name of Employer Morton County Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt 12 / 04 / 2009
Transaction ID: 17796878
Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
Mr. Everett Lutjemeier

Mailing Address 304 East Third Street

City Washington State KS Zip Code 66968-2033

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

Name of Employer Washington County Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 04 / 2009
Transaction ID: 17796892
Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional) ► 712.50

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

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

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

FOR LINE NUMBER: PAGE 30 / 194
(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. Gerald J Marquette, Jr.
Mailing Address 1400 West Fourth

City State Zip Code
Coffeyville KS 67337-3306

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 04 / 2009
Transaction ID: 17796895
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Scott J Taylor
Mailing Address 401 East Spuce Street

City State Zip Code
Garden City KS 67846-5679

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 04 / 2009
Transaction ID: 17796917
 Amount of Each Receipt this Period: 375.00

C. Full Name (Last, First, Middle Initial)
Mr. Samuel H Turner, Sr.
Mailing Address Box 2923

City State Zip Code
Shawnee Mission KS 66201-1323

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

Name of Employer: Shawnee Mission Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 04 / 2009
Transaction ID: 17796919
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 194
(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. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City State Zip Code
Overland Park KS 66209-3722

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17796928

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Brad Eustace

Mailing Address 620 West Eighth Street

City State Zip Code
Kinsley KS 67547-2329

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

Name of Employer Occupation
Edwards County Hospital and Healthcare 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 2 / 0 4 / 2 0 0 9

Transaction ID: 17801234

Amount of Each Receipt this Period

350.00

C.

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

Mailing Address 77 North Airlite Street

City State Zip Code
Elgin IL 60123-4912

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

Name of Employer Occupation
Provena Saint Joseph Hospital President and 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 2 / 0 9 / 2 0 0 9

Transaction ID: 17802274

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 194
(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. Lena Dobbs-Johnson

Mailing Address 3435 West Van Buren Street

City State Zip Code
Chicago IL 60624-3312

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

Name of Employer Advocate Bethany Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 17802275

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Ms Susan Hayes Gordon

Mailing Address 2300 Children's Plaza

City State Zip Code
Chicago IL 60614-3394

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

Name of Employer Children's Memorial Hospital Occupation Chief Public Policy 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 2 / 0 9 / 2 0 0 9

Transaction ID: 17802277

Amount of Each Receipt this Period
800.00

C.

Full Name (Last, First, Middle Initial)
Mr Philip Gustafson

Mailing Address 400 North Pleasant Avenue

City State Zip Code
Centralia IL 62801-3056

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

Name of Employer St. Mary's Hospital Occupation President & CEO

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 2 / 0 9 / 2 0 0 9

Transaction ID: 17802278

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 194
(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. Kenneth W Lukhard

Mailing Address 4440 West 95th Street

City State Zip Code
Oak Lawn IL 60453-2600

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

Name of Employer Advocate Christ Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: 17802283

Amount of Each Receipt this Period
800.00

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

Mailing Address 2500 West Reynolds

City State Zip Code
Pontiac IL 61764-2194

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

Name of Employer OSF Saint James - John W. Albrecht Med
Occupation 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 2 / 0 9 / 2 0 0 9

Transaction ID: 17802284

Amount of Each Receipt this Period
800.00

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

Mailing Address 1435 Tilton Park Drive

City State Zip Code
Dixon IL 61021-1437

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

Name of Employer Katherine Shaw Bethea Hospital
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 17802495

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 194
(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. Connie L Schroeder

Mailing Address 640 West Washington Street

City State Zip Code
Pittsfield IL 62363-1350

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

Name of Employer Occupation
Illini Community Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: 17802496

Amount of Each Receipt this Period
400.00

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

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 Occupation
Advocate Health Care Senior Vice President Information Syst

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 2 / 0 9 / 2 0 0 9

Transaction ID: 17802497

Amount of Each Receipt this Period
800.00

C. Full Name (Last, First, Middle Initial)
Mr. Guy R. Wiebking

Mailing Address 55 W. Delaware

City State Zip Code
Chicago IL 60610-3360

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

Name of Employer Occupation
Provena Health President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 17802501

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 194
	<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. Maryjane Wurth	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 1151 East Warrenville Road	Transaction ID: 17802502
	City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1200.00	

B.	Full Name (Last, First, Middle Initial) Mr. Andrew Busz	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 300 Elliott Avenue West Suite 300	Transaction ID: 17803692
	City State Zip Code Seattle WA 98119-4198	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Washington State Hospital Association Occupation Director, Financial Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dennis A Popp	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address P O Box 218	Transaction ID: 17803728
	City State Zip Code Enumclaw WA 98022-0218	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Enumclaw Regional Hospital Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	1775.00
TOTAL This Period (last page this line number 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 / 194
(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. Susan Reiter

Mailing Address PO Box 307

City State Zip Code
Enumclaw WA 98022-0307

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

Name of Employer Occupation
Franciscan Health System 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803729

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Pamela MacEwan

Mailing Address 521 Wall Street

City State Zip Code
Seattle WA 98121-1536

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

Name of Employer Occupation
Group Health Eastside Hospital Vice President, Public Affairs & Gover

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803735

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Mariel S Kagan, , R.N., MS

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center Vice President and Legal Counsel

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803737

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 194
(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. Thomas Kruse

Mailing Address 6860 NW RAnger Way

City State Zip Code
Silverdale WA 98383-6306

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

Name of Employer Occupation
Harrison 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803738

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Rand J Wortman

Mailing Address 888 Swift Boulevard

City State Zip Code
Richland WA 99352-3542

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 17803739

Amount of Each Receipt this Period
250.00

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

Mailing Address 300 Elliott Avenue West

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Occupation
Kennewick General 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803749

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 38 / 194
(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)
Dr. George J Brown, , M.D.

Mailing Address 1919 NW Lovejoy Street

City State Zip Code
Portland OR 97209-1503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 17803750

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr George Cioffi, MD

Mailing Address 2211 Northeast 139th Street

City State Zip Code
Vancouver WA 98686-2742

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

Name of Employer Occupation
Legacy Salmon Creek Hospital Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 17803751

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas W Wilbur

Mailing Address 714 West Pine Street

City State Zip Code
Newport WA 99156-9046

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

Name of Employer Occupation
Newport Hospital and Health Services Chief Executive Officer and Superintendent

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803752

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 194
(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. Harold S Geller

Mailing Address 315 North 14th Street

City Othello State WA Zip Code 99344-1297

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

Name of Employer Othello Community Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2009

Transaction ID: 17803753

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 14432 SE Eastgate Way

City Bellevue State WA Zip Code 98007-6493

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

Name of Employer PeaceHealth Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2009

Transaction ID: 17803797

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 1615 Delaware Street

City Longview State WA Zip Code 98632-2394

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

Name of Employer PeaceHealth Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2009

Transaction ID: 17803798

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 40 / 194
(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. Thomas Corley

Mailing Address North 5633 Lidgerwood Street

City State Zip Code
Spokane WA 99208-1224

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

Name of Employer Occupation
Holy Family Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 17803799

Amount of Each Receipt this Period
350.00

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

Mailing Address 2934 Westside Drive NW

City State Zip Code
Olympia WA 98502-3277

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

Name of Employer Occupation
Providence Health System Regional CFO

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803800

Amount of Each Receipt this Period
250.00

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

Mailing Address 1321 Colby Avenue

City State Zip Code
Everett WA 98201-1665

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

Name of Employer Occupation
Providence Everett Medical Center - Co Chief Operations & Strategy 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17803801

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 41 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia De Grootd

Mailing Address 506 Second Avenue
Suite 1200

City State Zip Code
Seattle WA 98104-2343

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

Name of Employer Providence Health System Occupation 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804001

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr Preston M Simmons

Mailing Address 1321 Colby Avenue

City State Zip Code
Everett WA 98201-1665

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

Name of Employer Providence Regional Medical Center Eve Occupation Chief Operating Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 17804002

Amount of Each Receipt this Period
250.00

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

Mailing Address 2815 Kayak View Place

City State Zip Code
Camano Island WA 98282-5022

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

Name of Employer Providence Regional Medical Center Eve Occupation Interim CNE

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804003

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 194
(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. Elaine Couture

Mailing Address 101 West Eighth Avenue

City State Zip Code
Spokane WA 99204-2307

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

Name of Employer Providence Sacred Heart Medical Center
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 17804004

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Clarence (Bud) Barnes

Mailing Address 101 West Eighth Avenue

City State Zip Code
Spokane WA 99204-2307

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

Name of Employer Providence Sacred Heart Medical Center
Occupation 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804005

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kenneth A Samet

Mailing Address 8820 Burdette Road

City State Zip Code
Bethesda MD 20817-2807

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

Name of Employer MedStar Health
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 17804143

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 194
(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. Jeff Collins

Mailing Address 101 West Eighth Avenue

City State Zip Code
Spokane WA 99204-2307

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

Name of Employer Providence Sacred Heart Medical Center
Occupation Chief Medical 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	2	/	1	0	/	2	0	0	9

Transaction ID: 17804194

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Gerard Fischer

Mailing Address 5909 West Pima Court

City State Zip Code
Spokane WA 99208-9010

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

Name of Employer Providence Sacred Heart Medical Center
Occupation Vice President- Systems Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 17804196

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Medrice Coluccio

Mailing Address 413 Lilly Road NE

City State Zip Code
Olympia WA 98506-5133

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

Name of Employer Providence St. Peter 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	2	/	1	0	/	2	0	0	9

Transaction ID: 17804197

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 44 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 413 Lilly Road NE

City Olympia State WA Zip Code 98506-5166

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

Name of Employer Providence St. Peter Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2009

Transaction ID: 17804198

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 6922 Quartz Lane NE

City Olympia State WA Zip Code 98516-9197

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

Name of Employer Providence St. Peter Hospital Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2009

Transaction ID: 17804199

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gregg A Davidson, , FACHE

Mailing Address P O Box 1376

City Mount Vernon State WA Zip Code 98273-1376

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

Name of Employer Skagit Valley Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 10 / 2009

Transaction ID: 17804200

Amount of Each Receipt this Period 350.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 194
(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. Renate M. Atkins

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Occupation
Southwest Washington Medical Center 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804201

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Dan Dixon

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

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

Name of Employer Occupation
Swedish Health Services Administrator

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804202

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Martin Siegel

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

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

Name of Employer Occupation
Swedish Health Services CEO

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804203

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 / 194

(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. Henry Turner

Mailing Address 1654 103rd S.E.

City State Zip Code
Bellevue WA 98004-7001

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

Name of Employer Occupation
Swedish Health Services Chairman

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

Date of Receipt

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

Transaction ID: 17804204

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Robert A Caplan

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Medical Director of Quality

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

Date of Receipt

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

Transaction ID: 17804205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr Andrew Jacobs

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Chief Medical 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804206

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 47 / 194
(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. Kathleen Paul

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17804207

Amount of Each Receipt this Period
250.00

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

Mailing Address 12844 Military Road South

City State Zip Code
Seattle WA 98168-9981

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

Name of Employer Occupation
Regional Hospital for Respiratory and Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17804208

Amount of Each Receipt this Period
250.00

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

Mailing Address 2908 Shelton Avenue

City State Zip Code
Yakima WA 98902-4073

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

Name of Employer Occupation
Yakima Valley Memorial Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17804212

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 194
(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 Jack Evans

Mailing Address 1201 South Miller Street

City State Zip Code
Wenatchee WA 98801-3201

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

Name of Employer Central Washington Hospital Occupation President and CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2009
Transaction ID: 17804213
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Ronald O'Halloran

Mailing Address 36 Klondike Road

City State Zip Code
Republic WA 99166-9701

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

Name of Employer Ferry County Memorial Hospital Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2009
Transaction ID: 17804214
Amount of Each Receipt this Period 500.00

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

Mailing Address 1175 SW 296th Street

City State Zip Code
Federal Way WA 98023-8251

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

Name of Employer Franciscan Health System Occupation President & CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2009
Transaction ID: 17804215
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 49 / 194
(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. Scott E. Armstrong

Mailing Address 3855 44th Avenue NE

City State Zip Code
Seattle WA 98105-5448

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

Name of Employer: Group Health Eastside Hospital
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: 17804216
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter Morgan

Mailing Address 2700 152nd Avenue Northeast

City State Zip Code
Redmond WA 98052-5543

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

Name of Employer: Group Health Eastside Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: 17804217
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4270

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

Name of Employer: Harrison Medical Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: 17804218
 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 / 194

(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 Wallen

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804219

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 12709 54th Avenue, NW

City State Zip Code
Gig Harbor WA 98332-8853

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

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

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

Date of Receipt

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

Transaction ID: 17804220

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City State Zip Code
Bellevue WA 98007-6493

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

Name of Employer Occupation
PeaceHealth President and Chief Mission Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: 17804221

Amount of Each Receipt this Period

750.00

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 51 / 194
(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 Fletcher

Mailing Address 506 Second Avenue
Suite 1200

City State Zip Code
Seattle WA 98104-2343

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

Name of Employer Providence Health & Services
Occupation Vice President & Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 17804223

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 506 Second Avenue, Suite 1200

City State Zip Code
Seattle WA 98104-2329

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

Name of Employer Providence Health & Services
Occupation Vice President and Chief Regional Oper

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

Date of Receipt

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

Transaction ID: 17804224

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 1321 Colby Avenue

City State Zip Code
Everett WA 98201-1600

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

Name of Employer Providence Health System/- NWSA
Occupation CEO

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17804225

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 52 / 194
(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. Gary V Peck

Mailing Address P O Box 197

City State Zip Code
Chewelah WA 99109-0197

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

Name of Employer Providence St. Joseph's Hospital
Occupation 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	2	/	1	0	/	2	0	0	9

Transaction ID: 17804226

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph M Kortum

Mailing Address P O Box 1600

City State Zip Code
Vancouver WA 98668-1600

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

Name of Employer Southwest Washington Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 17804227

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Jon D Smiley

Mailing Address P O Box 719

City State Zip Code
Sunnyside WA 98944-0719

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

Name of Employer Sunnyside Community 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
1	2	/	1	0	/	2	0	0	9

Transaction ID: 17805107

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 53 / 194
(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. Rodney F Hochman, , M.D.
 Mailing Address 747 Broadway Avenue
 City State Zip Code
Seattle WA 98122-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Swedish Health Services 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 2 / 1 0 / 2 0 0 9
Transaction ID: 17805108
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr Calvin K Knight
 Mailing Address 747 Broadway Avenue
 City State Zip Code
Seattle WA 98122-4307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Swedish Health Services 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 2 / 1 0 / 2 0 0 9
Transaction ID: 17805109
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Marcel C Loh, , FACHE
 Mailing Address 500 17th Avenue
 City State Zip Code
Seattle WA 98124-5711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Swedish Medical Center-Cherry Hill Cam Senior Vice President and Chief Admin
 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 2 / 1 0 / 2 0 0 9
Transaction ID: 17805110
 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 54 / 194
(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. Gary Kaplan

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2799

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

Name of Employer Occupation
Virginia Mason Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17805111

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Executive VP/Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17805113

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Victoria S. Galanti

Mailing Address 300 Elliott Avenue W.
Ste. 300

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Occupation
Washington State Hospital Association Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17805114

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 55 / 194
(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. Leo F. Greenawalt

Mailing Address 4423 E. Sequim Bay Road

City State Zip Code
Sequim WA 98382-9679

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

Name of Employer Washington State Hospital Association
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 17805115

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Randy Revelle

Mailing Address 2809 39th Avenue West

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Washington State Hospital Association
Occupation Sr. VP, Policy & Public 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17805116

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Len McComb

Mailing Address 300 Elliott Avenue West Suite 300

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Washington State Hospital Association
Occupation Government Relations 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 2 / 1 0 / 2 0 0 9

Transaction ID: 17805117

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 56 / 194
(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 W Linneweh, Jr.

Mailing Address 2811 Tieton Drive

City State Zip Code
Yakima WA 98902-3799

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

Name of Employer
Yakima Valley 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
12 / 10 / 2009

Transaction ID: 17805119

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gregory D. Sawyer, MD, PhD.

Mailing Address 11503 Sara Loop Road

City State Zip Code
Yakima WA 98908

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

Name of Employer
Yakima Valley Memorial Hospital

Occupation
Director, Organizational Health Willne

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: 17805120

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joan Shinkus Clark, MSN, RN, N

Mailing Address 2110 Royal Dominion Ct

City State Zip Code
Arlington TX 76006-4836

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

Name of Employer
Texas Health Resources

Occupation
Senior Vice President & Systems CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17805447

Amount of Each Receipt this Period
350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Hollie Phillips

Mailing Address 237 Kingsway Dr

City Lexington State KY Zip Code 40502-1642

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

Name of Employer Appalachian Regional Healthcare Occupation VP Corporate Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 11 / 2009

Transaction ID: 17806477

Amount of Each Receipt this Period 400.00

B.

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

Mailing Address 185 Berry Street

City San Francisco State CA Zip Code 94107-5705

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

Name of Employer Catholic Healthcare West Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2009

Transaction ID: 17806480

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ms Julie Hester, MPM, BSN,

Mailing Address 569 Kimble Dr

City Glenshaw State PA Zip Code 15116-2366

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

Name of Employer St. Francis Hospital Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2009

Transaction ID: 17806488

Amount of Each Receipt this Period 300.00

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 58 / 194
(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 C Patterson

Mailing Address 425 Home Street

City State Zip Code
Georgetown OH 45121-1407

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

Name of Employer Occupation
Brown County General Hospital Chief Executive Officer

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 2 / 1 1 / 2 0 0 9

Transaction ID: 17806496

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter E Makowski

Mailing Address 4231 West 16th Avenue

City State Zip Code
Denver CO 80204-1335

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

Name of Employer Occupation
St. Anthony Central 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 2 / 1 1 / 2 0 0 9

Transaction ID: 17806504

Amount of Each Receipt this Period
250.00

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

Mailing Address 3425 South Clarkson Street

City State Zip Code
Englewood CO 80113-2811

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

Name of Employer Occupation
Craig Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 17806734

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 194
(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. Jeffrey D Selberg

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

City State Zip Code
Denver CO 80211-5302

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

Name of Employer Occupation
Exempla Healthcare, Inc. President and 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 2 / 1 1 / 2 0 0 9

Transaction ID: 17806737

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Janet Stephens

Mailing Address 6014 Watson Drive

City State Zip Code
Fort Collins CO 80528-8877

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

Name of Employer Occupation
Colorado Hospital Association Vice President of Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 17806744

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Ms. Martie Wisdom

Mailing Address P O Box 912

City State Zip Code
Rifle CO 81650-0912

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

Name of Employer Occupation
Grand River Hospital District 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 2 / 1 1 / 2 0 0 9

Transaction ID: 17806748

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 194
(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. Steven A. Millard

Mailing Address 615 N. 7th Street

City State Zip Code
Eagle ID 83702-5502

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

Name of Employer Occupation
Idaho Hospital Association President

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 17807698

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr Bruce Harlow

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center Board Member

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

Date of Receipt

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

Transaction ID: 17808020

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Peter N Herbert, M.D.

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 Senior 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 2 / 1 5 / 2 0 0 9

Transaction ID: 17808780

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 61 / 194
(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. O. Joseph Bizzozero

Mailing Address 51 Curtis Farms Rd

City State Zip Code
Middlebury CT 06762-3013

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

Name of Employer Waterbury Hospital Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 17808977

Amount of Each Receipt this Period
350.00

B.

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 Grenada Lake Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 17808986

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 424 Autumn Oak Drive

City State Zip Code
Madison MS 39110-9148

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

Name of Employer HPI Company Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

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

Transaction ID: 17808987

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **370.00**

TOTAL This Period (last page this line number 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 / 194
(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. Randy King

Mailing Address 7601 Southcrest Parkway

City State Zip Code
Southaven MS 38671-4739

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

Name of Employer: Baptist Memorial Hospital-Desoto
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 11 / 2009
Transaction ID: 17808988
 Amount of Each Receipt this Period: 10.00

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

Mailing Address 116 Woodgreen Crossing

City State Zip Code
Madison MS 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 ▼ 300.72

Date of Receipt: 12 / 11 / 2009
Transaction ID: 17808994
 Amount of Each Receipt this Period: 33.34

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

Mailing Address 28 Waterford Place

City State Zip Code
Jackson MS 39211-2945

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

Name of Employer: Mississippi Hospital Association
Occupation: President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 12 / 11 / 2009
Transaction ID: 17808995
 Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ► 48.34

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 63 / 194
(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. Shawn Lea

Mailing Address 116 Woodgreen Crossing

City Madison State MS Zip Code 39110-4522

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

Name of Employer Mississippi Hospital Association
Occupation VP for Strategic Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.14

Date of Receipt 12 / 11 / 2009
Transaction ID: 17809001
Amount of Each Receipt this Period 19.59

B.

Full Name (Last, First, Middle Initial)
Dr. Marcella McKay, Ph.D.

Mailing Address 322 Helmsley Drive

City Brandon State MS Zip Code 39047-8159

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

Name of Employer Mississippi Hospital Association
Occupation VP Nursing/CEO MHA Health, Research &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.50

Date of Receipt 12 / 11 / 2009
Transaction ID: 17809003
Amount of Each Receipt this Period 252.50

C.

Full Name (Last, First, Middle Initial)
Mr. James G Chastain, , FACHE

Mailing Address P O Box 157-A

City Whitfield State MS Zip Code 39193-0157

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

Name of Employer Mississippi State Hospital
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 11 / 2009
Transaction ID: 17809011
Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional) ► **447.09**

TOTAL This Period (last page this line number 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 / 194
(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. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City State Zip Code
Madison MS 39110-4522

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

Name of Employer Occupation
Mississippi Hospital Association Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17809012

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Gerald Cotton

Mailing Address 501 Castlewood Blvd

City State Zip Code
Brandon MS 39047-7327

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

Name of Employer Occupation
Mississippi Baptist Medical Center Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17809028

Amount of Each Receipt this Period
500.00

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

Mailing Address 115 Porter Drive

City State Zip Code
Middlebury VT 05753-8423

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

Name of Employer Occupation
Porter Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2009

Transaction ID: 17814115

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 65 / 194
(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 C Lord

Mailing Address 222 Berkeley St

City State Zip Code
Boston MA 02116-3748

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

Name of Employer Occupation
Massachusetts Hospital Association Trustee

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

Date of Receipt

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

Transaction ID: 17814123

Amount of Each Receipt this Period

350.00

B.

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 ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814395

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kimberly A. Champi Krenik

Mailing Address 605 Upland Place

City State Zip Code
Alexandria VA 22301-2743

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

Name of Employer Occupation
New Jersey Hospital Association Director, Federal Legislative Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814397

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 194
(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. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047

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 ▼ 245.00

Date of Receipt: 12 / 18 / 2009
Transaction ID: 17814401
 Amount of Each Receipt this Period: 5.00

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

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 18 / 2009
Transaction ID: 17814410
 Amount of Each Receipt this Period: 5.00

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

Mailing Address 27Gull Point Road

City Monmouth Beach State NJ Zip Code 07750-1007

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

Name of Employer: Meridian Health
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 18 / 2009
Transaction ID: 17814412
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 260.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 194

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 370.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814416

Amount of Each Receipt this Period

25.42

B.

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814418

Amount of Each Receipt this Period

5.00

C.

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

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355

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

Name of Employer Occupation
New Jersey Hospital Association Chief Financial Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 865.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814423

Amount of Each Receipt this Period

745.00

SUBTOTAL of Receipts This Page (optional)

775.42

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 68 / 194
(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. Gary L. Long

Mailing Address 2 Meadowview Drive

City State Zip Code
Shamong NJ 08088-8596

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

Name of Employer Occupation
Virtua Health COO

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 2 / 1 8 / 2 0 0 9

Transaction ID: 17814425

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
Howell NJ 7731

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

Name of Employer Occupation
New Jersey Hospital Association VP Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814449

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin J. Slavin

Mailing Address 360 Lafayette Street

City State Zip Code
Hackettstown NJ 07840-1919

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

Name of Employer Occupation
East Orange General Hospital President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17814453

Amount of Each Receipt this Period
650.00

SUBTOTAL of Receipts This Page (optional) ► **905.00**

TOTAL This Period (last page this line number 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 / 194
(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. Daniel Waldmann

Mailing Address 2001 19th St NW
Apt 5

City Washington State DC Zip Code 20009-1343

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

Name of Employer TENET Healthcare Corporation Occupation Vice President, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2009
Transaction ID: 17819174
Amount of Each Receipt this Period 300.00

B.

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

Mailing Address 2901 Squaticum Parkway

City Bellingham State WA Zip Code 98225-1851

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 10 / 2009
Transaction ID: 17821423
Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
Jodi Chambers

Mailing Address 4231 West 16th Avenue

City Denver State CO Zip Code 80204-1335

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

Name of Employer St. Anthony Central Hospital Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2009
Transaction ID: 17821448
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 70 / 194
(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 Suzanne Anderson

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Senior VP, CFO, CIO

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 2 / 1 0 / 2 0 0 9

Transaction ID: 17821478

Amount of Each Receipt this Period
250.00

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

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Vice Pres, Regulatory/Strategic Affair

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17821510

Amount of Each Receipt this Period
57.69

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

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Director, Federal Relations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.49

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17821523

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional) ► **365.38**

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

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

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

FOR LINE NUMBER: PAGE 71 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 Minnesota Hospital Association
Occupation Vice President, Work Force

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: 17821537

Amount of Each Receipt this Period
63.45

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

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 Minnesota Hospital Association
Occupation Vice President of Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: 17821545

Amount of Each Receipt this Period
60.00

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

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: 17821546

Amount of Each Receipt this Period
40.38

SUBTOTAL of Receipts This Page (optional) ► **163.83**

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

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

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

FOR LINE NUMBER: PAGE 72 / 194
(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. Peggy Westby		Date of Receipt MM / DD / YYYY 12 / 18 / 2009		
	Mailing Address 2550 University Avenue W. Suite 350-S		Transaction ID: 17821548		
	City Saint Paul	State MN	Zip Code 55114-1052	Amount of Each Receipt this Period 57.69	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Minnesota Hospital Association		Occupation Vice President		

Aggregate Year-to-Date ▼
249.99

B.	Full Name (Last, First, Middle Initial) Ms. Coletta Barrett, RN, MHA		Date of Receipt MM / DD / YYYY 12 / 18 / 2009		
	Mailing Address 5000 Hennessy Boulevard		Transaction ID: 17825891		
	City Baton Rouge	State LA	Zip Code 70808-4375	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Our Lady of the Lake Regional Medical		Occupation Vice President		

Aggregate Year-to-Date ▼
500.00

C.	Full Name (Last, First, Middle Initial) Mr. Clark R. Cosse, III		Date of Receipt MM / DD / YYYY 12 / 18 / 2009		
	Mailing Address 9521 Brookline Avenue		Transaction ID: 17825892		
	City Baton Rouge	State LA	Zip Code 70809-8409	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Louisiana Hospital Association		Occupation Vice President, Legal & Government Aff		

Aggregate Year-to-Date ▼
750.00

SUBTOTAL of Receipts This Page (optional)	1307.69
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 194
	<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. Kenneth E. Alexander	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 9521 Brookline Avenue	Transaction ID: 17825893
	City State Zip Code Baton Rouge LA 70809-1431	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Louisiana Hospital Association	Occupation VP, Quality and Regulatory Activities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Wayne M Arboreaux	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 135 Highway 402	Transaction ID: 17825894
	City State Zip Code Napoleonville LA 70390-2217	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Assumption Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. James K Elrod	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 2600 Greenwood Road	Transaction ID: 17825895
	City State Zip Code Shreveport LA 71130-2600	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Willis-Knighton Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 74 / 194
(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. Mark E Marley, , CHE

Mailing Address P O Box 2009

City State Zip Code
Natchitoches LA 71457-2009

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

Name of Employer Occupation
Natchitoches Regional Medical Center Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825896

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Tatsy Jeter

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-1431

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

Name of Employer Occupation
Louisiana Hospital Association Senior VP & CFO

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825897

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Karen Mixon

Mailing Address 1635 Marvel Street

City State Zip Code
Coushatta LA 71019-9022

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

Name of Employer Occupation
CHRISTUS Coushatta Health Care Center Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825898

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 75 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1401 Foucher Street

City State Zip Code
New Orleans LA 70115-3515

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

Name of Employer Occupation
Touro Infirmary Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825899

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Phyllis Peoples, , MSN, R.N

Mailing Address P O Box 6037

City State Zip Code
Houma LA 70361-6037

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

Name of Employer Occupation
Terrebonne General Medical Center President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825900

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark J Peters, , M.D.

Mailing Address 4200 Houma Boulevard

City State Zip Code
Metairie LA 70006-2970

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

Name of Employer Occupation
East Jefferson General Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825901

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 76 / 194
(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. Steve Worley

Mailing Address 200 Henry Clay Avenue

City State Zip Code
New Orleans LA 70118-5798

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

Name of Employer Children's Hospital Occupation President and Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825902

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen Sue Zoeller

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-1431

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

Name of Employer Louisiana Hospital Association Occupation Vice President

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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825903

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin Bridwell

Mailing Address 9521 Brookline

City State Zip Code
Baton Rouge LA 70809-1431

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

Name of Employer Louisiana Hospital Association Occupation Director of Healthcare Reimbursement

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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825904

Amount of Each Receipt this Period
375.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 194
(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. Louis H Bremer, Jr.
Mailing Address P O Box 1901

City State Zip Code
Monroe LA 71210-1901

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825905

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Greg Frost
Mailing Address 451 Florida St., Bank One Centre

City State Zip Code
Baton Rouge LA 70801-1700

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

Name of Employer Occupation
Breazeale Sachse & Wilson, LLP Attorney

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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825916

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms Nancy Cassagne
Mailing Address 1101 Medical Center Boulevard

City State Zip Code
Marrero LA 70072-3147

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

Name of Employer Occupation
West Jefferson 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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825917

Amount of Each Receipt this Period
250.00

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 78 / 194
(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 Zachary Smith

Mailing Address 3600 Florida Street

City State Zip Code
Baton Rouge LA 70806-3889

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

Name of Employer Occupation
Baton Rouge General Medical Center Director Radiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825918

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address P O Box 2668

City State Zip Code
Hammond LA 70404-2668

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825919

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 8001 Youree Drive

City State Zip Code
Shreveport LA 71115-2302

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

Name of Employer Occupation
Willis-Knighton Pierremont Health Cent 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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825920

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 194
(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)
Cindy Dolan
Mailing Address P.O. Box 40318

City State Zip Code
Baton Rouge LA 70816-8359

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

Name of Employer Occupation
HSLI President

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

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009
Transaction ID: 17825943
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Benjamin Frank
Mailing Address 4200 Houma Blvd.

City State Zip Code
Metairie LA 70006-2970

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

Name of Employer Occupation
East Jefferson General Hospital Executive VP

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

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009
Transaction ID: 17825944
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Bill Hankins
Mailing Address P O Box 33932

City State Zip Code
Shreveport LA 71130-3932

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

Name of Employer Occupation
LSU Medical Center-University Hospital Associate Administrator

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

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009
Transaction ID: 17825945
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 80 / 194
(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 S Juengling

Mailing Address 728 North Boulevard

City State Zip Code
Baton Rouge LA 70802-5724

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

Name of Employer Greenbrier Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825946

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Glenn Landry

Mailing Address P.O. Box 40318

City State Zip Code
Baton Rouge LA 70835-0318

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

Name of Employer HSLI Occupation Executive VP

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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825947

Amount of Each Receipt this Period
250.00

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

Mailing Address P O Box 1670

City State Zip Code
Kinder LA 70648-1670

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

Name of Employer Allen Parish Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825963

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 81 / 194
(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. Michael O'Bryan, , M.D.

Mailing Address 2500 Belle Chasse Highway

City State Zip Code
Terrytown LA 70056-7127

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

Name of Employer Occupation
Ochsner Medical Center - West Bank Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825964

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

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

Name of Employer Occupation
Ochsner Health System Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825965

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr David Mak

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hospital Vice President of Finance

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 17825966

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) ▶

725.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 194
(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 Leif Pedersen

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer Occupation
Lake Charles Memorial Hospital SeniorVP-Philanthropy

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 2 / 1 8 / 2 0 0 9

Transaction ID: 17825967

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M Brannon

Mailing Address 400 North Edwards Street

City State Zip Code
Enterprise AL 36330-2510

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

Name of Employer Occupation
Medical Center Enterprise 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17826873

Amount of Each Receipt this Period
1000.00

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

Mailing Address P O Box 610

City State Zip Code
Sheffield AL 35660-0610

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

Name of Employer Occupation
Helen Keller Hospital 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17826874

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2225.00

TOTAL This Period (last page this line number 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 / 194
(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. J. David McCormack

Mailing Address 600 South Third Street

City State Zip Code
Gadsden AL 35901-5399

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

Name of Employer Occupation
Riverview Regional Medical Center Executive 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17826875

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Ronald S Owen

Mailing Address P O Box 6987

City State Zip Code
Dothan AL 36302-6987

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

Name of Employer Occupation
Southeast Alabama 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17826876

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Sammy Watson

Mailing Address 809 University Boulevard East

City State Zip Code
Tuscaloosa AL 35401-2029

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

Name of Employer Occupation
DCH Health System Director, Community Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

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

Transaction ID: 17826877

Amount of Each Receipt this Period
430.00

SUBTOTAL of Receipts This Page (optional) ► **1430.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 194
	<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 C Brannen

Mailing Address P O Box 6987

City Dothan State AL Zip Code 36302-6987

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

Name of Employer Southeast Alabama Medical Center
Occupation Senior Vice President and Chief Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 17826878
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles L. Harkness, D.O.

Mailing Address 2836 Country Club Boulevard

City Orange Park State FL Zip Code 32073-5727

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

Name of Employer Southeast Alabama Medical Center
Occupation VP Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 17826879
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Derek Miller

Mailing Address P O Box 6987

City Dothan State AL Zip Code 36302-6987

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

Name of Employer Southeast Alabama Medical Center
Occupation Senior Vice President and Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 17826880
 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 85 / 194
(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. Jody Pigg

Mailing Address P O Box 3359

City State Zip Code
Muscle Shoals AL 35662-3359

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

Name of Employer Shoals Hospital Occupation Interim Administrator

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 2 / 2 3 / 2 0 0 9

Transaction ID: 17826882

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary R Gore

Mailing Address 227 Britany Road

City State Zip Code
Guntersville AL 35976-5766

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

Name of Employer Marshall County Health Care Authority Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 17826883

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. John O Wilhelm, Jr.

Mailing Address 85 Herrick Street

City State Zip Code
Beverly MA 01915-1777

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

Name of Employer Emerson Hospital Occupation Executive Vice President & Chief Finan

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 2 / 2 2 / 2 0 0 9

Transaction ID: 17826890

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 194
(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. Edward H Moore

Mailing Address 100 South Street

City State Zip Code
Southbridge MA 01550-4051

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17826893

Amount of Each Receipt this Period
350.00

B. 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 17826901

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Ms. Kimberly A. Champi Krenik

Mailing Address 605 Upland Place

City State Zip Code
Alexandria VA 22301-2743

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

Name of Employer Occupation
New Jersey Hospital Association Director, Federal Legislative Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 17826903

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **605.00**

TOTAL This Period (last page this line number 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 / 194
(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. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047

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 ▼ 250.00

Date of Receipt: 12 / 24 / 2009
Transaction ID: 17826907
 Amount of Each Receipt this Period: 5.00

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

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 12 / 24 / 2009
Transaction ID: 17826913
 Amount of Each Receipt this Period: 15.00

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

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.04

Date of Receipt: 12 / 24 / 2009
Transaction ID: 17826919
 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 88 / 194
(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. 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 17826920

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen J. Kolesk

Mailing Address 155 York Road

City State Zip Code
Delran NJ 08075-2217

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

Name of Employer Occupation
Virtua Health 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
1 2 / 2 4 / 2 0 0 9

Transaction ID: 17826926

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355

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

Name of Employer Occupation
New Jersey Hospital Association Chief Financial Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 870.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 17826928

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ►

260.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 194

(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 7731

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

Name of Employer Occupation
New Jersey Hospital Association VP Health Economics

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 17826938

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Mr Wayne C Schiffner

Mailing Address 158 Hearthstone Drive

City State Zip Code
Berlin NJ 08009-9550

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

Name of Employer Occupation
South Jersey Healthcare Executive Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 17826939

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. William E Winter

Mailing Address 342 Fairview Street

City State Zip Code
Silverton OR 97381-1917

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

Name of Employer Occupation
Silverton Hospital Administrative Director

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

Date of Receipt

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

Transaction ID: 17827056

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1005.00

TOTAL This Period (last page this line number 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 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David Holloway, MD.

Mailing Address 3735 Cherokee Drive South

City State Zip Code
Salem OR 97302-9712

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

Name of Employer Occupation
Salem Hospital Chief Medical 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827057

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
George Brown, MD

Mailing Address 376 NW 81 PI

City State Zip Code
Portland OR 97229-6777

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

Name of Employer Occupation
Legacy Health System 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827058

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1500 Division Street

City State Zip Code
Oregon City OR 97045-1527

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

Name of Employer Occupation
Willamette Falls 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827059

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 91 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Paul Janke, , FACHE

Mailing Address 1775 Thompson Road

City State Zip Code
Coos Bay OR 97420-2125

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

Name of Employer Occupation
Bay Area Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 17827069

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr David Russell

Mailing Address 1470 SW 19 Ct

City State Zip Code
Gresham OR 97080-9658

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

Name of Employer Occupation
Adventist Medical Center VP Business Development

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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827070

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code
Portland OR 97239-3011

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

Name of Employer Occupation
OHSU Hospital Vice President and Executive 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827071

Amount of Each Receipt this Period
500.00

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 92 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Trent Green		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 2211 Northeast 139th Street		Transaction ID: 17827072		
	City Vancouver	State WA	Zip Code 98686-2742	Amount of Each Receipt this Period 175.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Legacy Health System	Occupation Senior VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
350.00

B.	Full Name (Last, First, Middle Initial) Mr. Richard Gibson		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 1000 NE Greenleaf Road		Transaction ID: 17827073		
	City Portland	State OR	Zip Code 97229	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Legacy Health System	Occupation Senior VP & Chief Information Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
350.00

C.	Full Name (Last, First, Middle Initial) Ms. Pamela S Vukovich		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 1919 NW Lovejoy Street		Transaction ID: 17827080		
	City Portland	State OR	Zip Code 97209-1503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Legacy Health System	Occupation Senior Vice President and Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional)	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 93 / 194
(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)
Wayne Clark

Mailing Address 7555 SW Afton Lane

City State Zip Code
Tigard OR 97224-7680

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

Name of Employer Legacy Health System Occupation VP Comm Relations & Marketing

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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827090

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. George Cioffi, MD.

Mailing Address 3639 NW Thurman

City State Zip Code
Portland OR 97210-1232

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

Name of Employer Legacy Health System Occupation Chief of Ophthalmology

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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827091

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Randall L. Mee

Mailing Address 1601 Southeast Court Avenue

City State Zip Code
Pendleton OR 97801-3217

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

Name of Employer St. Anthony Hospital Occupation 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 2 / 2 2 / 2 0 0 9

Transaction ID: 17827095

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 94 / 194
(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. Russ Danielson

Mailing Address 1926 Aztec Court

City State Zip Code
West Linn OR 97068-4804

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

Name of Employer Providence St. Vincent Medical Center Occupation Sr. Vice President/GEO-Oregon Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 17827096

Amount of Each Receipt this Period
500.00

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

Mailing Address 9670 SE 257 Ave

City State Zip Code
Damascus OR 97089-6353

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

Name of Employer Adventist Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 17827097

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Kelly C Morgan

Mailing Address 2700 Stewart Parkway

City State Zip Code
Roseburg OR 97470-1281

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 17827098

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 95 / 194
(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. Paul R Stewart

Mailing Address 2865 Daggett Avenue

City State Zip Code
Klamath Falls OR 97601-1106

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

Name of Employer Sky Lakes Medical Center Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: 17831276

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Mr. Frederick D. Hobby

Mailing Address 3903 Carrington Drive

City State Zip Code
Hazel Crest IL 60429-1677

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

Name of Employer American Hospital Association-Chicago Occupation President and CEO, Institute for Diver

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 2 / 2 8 / 2 0 0 9

Transaction ID: 17831487

Amount of Each Receipt this Period
350.00

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

Mailing Address 330 Brookline Avenue
Mail Stop ST221

City State Zip Code
Boston MA 02215-5400

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

Name of Employer Lawrence General Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17831489

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 194
(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. Harold A. Williamson, Jr.

Mailing Address 1112 South Glenwood Avenue

City Columbia State MO Zip Code 65203-2877

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

Name of Employer University of Missouri Health Care Occupation Vice Chancellor, Health System

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 23 / 2009
Transaction ID: 17831496
Amount of Each Receipt this Period: 250.00

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

Mailing Address 6445 Renwick Circle

City Tampa State FL Zip Code 33647-1176

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

Name of Employer BayCare Health System Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: 17831506
Amount of Each Receipt this Period: 250.00

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

Mailing Address 3501 Johnson Street

City Hollywood State FL Zip Code 33021-5421

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

Name of Employer Memorial Healthcare System Occupation Sr. VP & Chief Strategic Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: 17831507
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 97 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 3563 Phillips Highway
Suite 101

City Jacksonville State FL Zip Code 32207-5663

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

Name of Employer Baptist Health Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17831508

Amount of Each Receipt this Period
180.00

B.

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 ▼ 590.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17831509

Amount of Each Receipt this Period
45.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ronald M Gilliard, , FACHE

Mailing Address P O Box 419

City Blountstown State FL Zip Code 32424-0419

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

Name of Employer Calhoun-Liberty Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17831521

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 194
(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. 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 ▼ 740.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17831525

Amount of Each Receipt this Period
500.00

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

Mailing Address 2920 Ivanahoe Road

City State Zip Code
Tallahassee FL 32312-2824

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

Name of Employer Tallahassee Memorial HealthCare
Occupation Chief Medical 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 2 / 2 8 / 2 0 0 9

Transaction ID: 17831534

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Jim L Mayo, , FACHE

Mailing Address 1250 South 18th Street

City State Zip Code
Fernandina Beach FL 32034-3098

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

Name of Employer Baptist Medical Center Nassau
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17831535

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 99 / 194
(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. Paula McGuiness

Mailing Address 14655 Village Glen Circle

City Tampa State FL Zip Code 33618-2733

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

Name of Employer BayCare Health System Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: 17831536
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Mr Mike Schultz

Mailing Address 1437 Langham Terrace

City Lake Mary State FL Zip Code 32746-1967

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

Name of Employer Florida Hospital Occupation CEO Florida Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: 17831539
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 1701 North George Mason Drive

City Arlington State VA Zip Code 22205-3698

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 22 / 2009
Transaction ID: 17833152
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 194
	<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. Christopher R Mosley	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 736 Battlefield Blvd North	Transaction ID: 17833161
	City State Zip Code Chesapeake VA 23320-4941	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Chesapeake Regional Medical Center Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Alfred E. Pilon, Jr.	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 1840 Amherst Street	Transaction ID: 17833164
	City State Zip Code Winchester VA 22601-2808	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Valley Health System Occupation President, Winchester Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Patricia L. Robertson	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 205 Oxford Circle West	Transaction ID: 17833165
	City State Zip Code Richmond VA 23221-3250	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bon Secours St. Mary's Hospital Occupation Executive Vice President & Administrat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	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 101 / 194
(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. Rayburn Thompson

Mailing Address Post Office Box 13367

City State Zip Code
Roanoke VA 24033-3367

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

Name of Employer Occupation
Carilion Medical Center Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833169

Amount of Each Receipt this Period
350.00

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

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

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

Name of Employer Occupation
Ohio Hospital Association Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833625

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City State Zip Code
Columbus OH 43214-2545

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

Name of Employer Occupation
Ohio Hospital Association Vice President, State Policy & Advocac

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833626

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 102 / 194
(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 R. Castle

Mailing Address 815 Gatehouse Lane

City State Zip Code
Columbus OH 43235-1733

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833627

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David Engler, PhD

Mailing Address 323 Pebble Creek Drive

City State Zip Code
Dublin OH 43017-1370

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

Name of Employer Occupation
Ohio Hospital Association VP Quality Institute

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833628

Amount of Each Receipt this Period
250.00

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

Mailing Address 924 Riva Ridge Boulevard

City State Zip Code
Gahanna OH 43230-3825

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

Name of Employer Occupation
Ohio Hospital Association Vice President, Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833629

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 103 / 194
(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. Mary L. Gallagher

Mailing Address 155 East Broad Street,
15th Floor

City State Zip Code
Columbus OH 43215-3609

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

Name of Employer Occupation
Ohio Hospital Association Vice President & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833630

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City State Zip Code
Bexley OH 43209-1612

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

Name of Employer Occupation
Ohio Hospital Association Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833631

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph R. Ruggles

Mailing Address 1780 Buck Creek Lane

City State Zip Code
Springfield OH 45502-8800

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

Name of Employer Occupation
Ohio Hospital Association Vice President, Member Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 17833632

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 104 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. BJ Swanson		Date of Receipt
	Mailing Address 1121 Lamb Road		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troy	ID	83871-9619
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Gritman Medical Center		Occupation Trustee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="308.00"/>	Transaction ID: 17833634
		Amount of Each Receipt this Period	<input type="text" value="133.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Carl Hanson		Date of Receipt
	Mailing Address 1224 Eighth Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rupert	ID	83350-1527
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Minidoka Memorial Hospital and Extende		Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="472.00"/>	Transaction ID: 17833635
		Amount of Each Receipt this Period	<input type="text" value="452.00"/>

C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey W Martin		Date of Receipt
	Mailing Address 700 South Main Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Moscow	ID	83843-3056
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Gritman Medical Center		Occupation Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="593.00"/>	Transaction ID: 17833646
		Amount of Each Receipt this Period	<input type="text" value="93.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="678.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph 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 ▼ 613.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17833650

Amount of Each Receipt this Period
113.00

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

Mailing Address 1160 Airport Rd

City State Zip Code
Blackfoot ID 83221-1531

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

Name of Employer Occupation
Bingham Memorial Hospital Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17833651

Amount of Each Receipt this Period
392.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph P Caroselli

Mailing Address P O Box 1100

City State Zip Code
Boise ID 83701-1100

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

Name of Employer Occupation
Idaho Elks Rehabilitation Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17833654

Amount of Each Receipt this Period
113.00

SUBTOTAL of Receipts This Page (optional) ► **618.00**

TOTAL This Period (last page this line number 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 / 194
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address PO Box 981

City State Zip Code
McCall ID 83638-0981

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

Name of Employer Occupation
McCall Memorial Hospital Auxillian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: 17833655

Amount of Each Receipt this Period
226.00

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

Mailing Address 1236 Fairview Ave

City State Zip Code
Rexburg ID 83440-5085

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

Name of Employer Occupation
Madison Memorial Hospital Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: 17833656

Amount of Each Receipt this Period
226.00

C. Full Name (Last, First, Middle Initial)
Ms. Margaret Soulen Hinson

Mailing Address 645 East Fifth Street

City State Zip Code
Weiser ID 83672-2202

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

Name of Employer Occupation
Weiser Memorial Hospital Chair, Board of Trustees

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 363.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: 17833659

Amount of Each Receipt this Period
113.00

SUBTOTAL of Receipts This Page (optional) ► **565.00**

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

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

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

FOR LINE NUMBER: PAGE 107 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 707 Engleman

City Rexburg State ID Zip Code 83440-1861

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

Name of Employer Madison Memorial Hospital Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 452.00

Date of Receipt 12 / 28 / 2009
Transaction ID: 17833661
Amount of Each Receipt this Period 452.00

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

Mailing Address 615 N. 7th Street

City Eagle State ID Zip Code 83702-5502

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

Name of Employer Idaho Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 613.00

Date of Receipt 12 / 28 / 2009
Transaction ID: 17833662
Amount of Each Receipt this Period 113.00

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

Mailing Address P.O. Box 1278

City Boise State ID Zip Code 83701-1278

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

Date of Receipt 12 / 28 / 2009
Transaction ID: 17833664
Amount of Each Receipt this Period 226.00

SUBTOTAL of Receipts This Page (optional) ► 791.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 194
(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. Tracy Broome

Mailing Address Box 102

City State Zip Code
Lake Fork ID 83635-0102

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

Name of Employer Occupation
McCall Memorial Hospital Director, Plant & Grounds

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17833666

Amount of Each Receipt this Period
226.00

B.

Full Name (Last, First, Middle Initial)
Ms Susan Ell

Mailing Address 931 N. Race Ave

City State Zip Code
Arlington Heights IL 60004-4451

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

Name of Employer Occupation
Advocate Health Care Chief Development 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 2 / 2 8 / 2 0 0 9

Transaction ID: 17833687

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Robin Fell-Nuccio

Mailing Address 7961 Creekwood Drive

City State Zip Code
Burr Ridge IL 60527-8014

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

Name of Employer Occupation
Advocate Christ Medical Center Director, Human Resources

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 2 / 2 8 / 2 0 0 9

Transaction ID: 17833688

Amount of Each Receipt this Period
370.00

SUBTOTAL of Receipts This Page (optional) ► **846.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mr Robert Christie</p> <p>Mailing Address 240 East Ontario Street Suite 500</p> <p>City State Zip Code Chicago IL 60611-3223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Northwestern Memorial Hos- pital Occupation VP, Government and Legislative Relatio</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9</p> <p>Transaction ID: 17833689</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Michelle Janney</p> <p>Mailing Address 1620 Meadow Lane</p> <p>City State Zip Code Glenview IL 60025-2350</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Northwestern Memorial Hos- pital Occupation Sr. VP/Chief Nurse Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9</p> <p>Transaction ID: 17833691</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Dean M Harrison</p> <p>Mailing Address 251 East Huron Street</p> <p>City State Zip Code Chicago IL 60611-2908</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Northwestern Memorial Hos- pital 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 ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9</p> <p>Transaction ID: 17833693</p> <p>Amount of Each Receipt this Period 500.00</p>
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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 110 / 194
(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. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City State Zip Code
Quincy IL 62301-6380

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

Name of Employer Occupation
Blessing Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17833697

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Brad Copple

Mailing Address 11 East Pleasant Avenue

City State Zip Code
Sandwich IL 60548-1100

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

Name of Employer Occupation
Valley West Community 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 2 / 2 8 / 2 0 0 9

Transaction ID: 17833698

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Julie Lehr Creamer

Mailing Address 3527 Illinois Road

City State Zip Code
Wilmette IL 60091-1011

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

Name of Employer Occupation
Northwestern Memorial Hospital Vice President, Operations and Quality

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 2 / 2 8 / 2 0 0 9

Transaction ID: 17833699

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 194
(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. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

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

Name of Employer Occupation
Illinois Hospital Association Sr. VP, General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 937.55

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: 17833700

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1425 North Randall Road

City State Zip Code
Elgin IL 60123-2300

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

Name of Employer Occupation
Sherman Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: 17833703

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Mr. Patrick M Magoon

Mailing Address 2300 Children's Plaza

City State Zip Code
Chicago IL 60614-3394

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

Name of Employer Occupation
Children's Memorial Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: 17833706

Amount of Each Receipt this Period
1500.00

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: (check only one)	PAGE 112 / 194
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Peter McCanna	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 2025 Schiller	Transaction ID: 17833710
	City State Zip Code Wilmette IL 60091-2323	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northwestern Memorial Hospital	Occupation Senior Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dennis Murphy	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 48 Royal Vale Drive	Transaction ID: 17833712
	City State Zip Code Oak Brook IL 60523-1643	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northwestern Memorial Hospital	Occupation Director, Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Ms Paula Noble	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 2300 Children's Plaza	Transaction ID: 17833715
	City State Zip Code Chicago IL 60614-3394	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Children's Memorial Hospital	Occupation Chief Financial Officer and Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 194
(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. Kevin P Poorten

Mailing Address P O Box 707

City State Zip Code
Dekalb IL 60115-0707

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 17833716

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bob S. Ellzey, FACHE

Mailing Address 311 North Morrow Street

City State Zip Code
Mena AR 71953-2516

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

Name of Employer Occupation
Mena Regional Health System President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

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

Transaction ID: 17833730

Amount of Each Receipt this Period
227.50

C.

Full Name (Last, First, Middle Initial)
Mr. Ron Peterson

Mailing Address 624 Hospital Drive

City State Zip Code
Mountain Home AR 72653-2955

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 17833731

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► **802.50**

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

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

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

FOR LINE NUMBER: PAGE 114 / 194
(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. Barry Pipkin

Mailing Address 10301 Maumelle Blvd

City State Zip Code
North Little Rock AR 72113-6620

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

Name of Employer Rivendell Behavioral Health Services o
Occupation Chief Executive Officer and Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

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

Transaction ID: 17833732

Amount of Each Receipt this Period
227.50

B. Full Name (Last, First, Middle Initial)
Mr. Russ D Sword, FACHE

Mailing Address 2729 Highway 65 and 82 South

City State Zip Code
Lake Village AR 71653

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

Name of Employer Chicot Memorial Hospital
Occupation Interim Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

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

Transaction ID: 17833733

Amount of Each Receipt this Period
227.50

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

Mailing Address 2801 Medical Center Drive

City State Zip Code
Pocahontas AR 72455-9436

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

Name of Employer Five Rivers Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt

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

Transaction ID: 17833734

Amount of Each Receipt this Period
227.50

SUBTOTAL of Receipts This Page (optional) ► **682.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 194
(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 C Gregory Martin, , M.D.

Mailing Address 133 Old Rd to Nine Acre Corner

City Concord State MA Zip Code 01742-9120

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

Name of Employer Emerson Hospital Occupation Chief Medical 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 2 / 2 9 / 2 0 0 9

Transaction ID: 17833740

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 133 Old Rd to Nine Acre Corner

City Concord State MA Zip Code 01742-9120

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

Name of Employer Emerson Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 17833751

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 2800 North Dallas Parkway Suite 200

City Plano State TX Zip Code 75093-5994

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

Name of Employer LHP Hospital Group Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 17833754

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 116 / 194
(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. Thomas Frazier

Mailing Address 1813 Cliffview Dr

City State Zip Code
Plano TX 75093-2419

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

Name of Employer LHP Hospital Group Occupation Executive Vice President, Administrati

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

Date of Receipt

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

Transaction ID: 17833755

Amount of Each Receipt this Period
500.00

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

Mailing Address 67 Union Street, 6th Floor

City State Zip Code
Natick MA 01760-7700

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

Name of Employer Kindred Hospital Northeast-Natick Occupation Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

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

Transaction ID: 17833758

Amount of Each Receipt this Period
270.00

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Bowerman

Mailing Address 524 Oella Avenue

City State Zip Code
Ellicott City MD 21043-4724

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

Name of Employer Keswick Multi-Care Center Occupation CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 204.00

Date of Receipt

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

Transaction ID: 17834077

Amount of Each Receipt this Period
204.00

SUBTOTAL of Receipts This Page (optional) ► **974.00**

TOTAL This Period (last page this line number 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 / 194
(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 Michael J Curran

Mailing Address 3551 Cattail Creek Drive

City State Zip Code
Glenwood MD 21738-9607

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

Name of Employer Occupation
MedStar Health Executive Vice President and CFO

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 2 / 3 0 / 2 0 0 9

Transaction ID: 17834084

Amount of Each Receipt this Period
255.00

B.

Full Name (Last, First, Middle Initial)
Mr. Eugene A. Friedman

Mailing Address 2211 Crest Road

City State Zip Code
Baltimore MD 21209-4227

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

Name of Employer Occupation
LifeBridge Health Trustee

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 2 / 3 0 / 2 0 0 9

Transaction ID: 17834092

Amount of Each Receipt this Period
255.00

C.

Full Name (Last, First, Middle Initial)
Mary Joy Maxwell

Mailing Address 20265 Watermark Place

City State Zip Code
Potomac Falls VA 20165-5134

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

Name of Employer Occupation
MedStar Health Executive VP, Operations Washington

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 2 / 3 0 / 2 0 0 9

Transaction ID: 17834309

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 194
(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)
Christine Swearingen

Mailing Address 3022 Chestnut Street, NW

City Washington State DC Zip Code 20015-1408

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

Name of Employer MedStar Health Occupation Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834342
Amount of Each Receipt this Period: 255.00

B.

Full Name (Last, First, Middle Initial)
Dr William L Thomas, , M.D.

Mailing Address 124 W. Lee Street

City Baltimore State MD Zip Code 21201-2421

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

Name of Employer MedStar Health Occupation Executive Vice President Medical Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834344
Amount of Each Receipt this Period: 255.00

C.

Full Name (Last, First, Middle Initial)
Ms. Pegeen Townsend

Mailing Address 225 McKeon Road

City Severna Park State MD Zip Code 21146-3012

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

Name of Employer MedStar Health Occupation Corporate VP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834347
Amount of Each Receipt this Period: 255.00

SUBTOTAL of Receipts This Page (optional) ► 765.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 194
(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)
Eric R. Wagner

Mailing Address 711 E. Timber Branch Parkway

City State Zip Code
Alexandria VA 22302-3619

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

Name of Employer Occupation
MedStar Health Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834353

Amount of Each Receipt this Period
255.00

B.

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

Mailing Address 8430 Meadowview Circle

City State Zip Code
Owings MD 20736-9502

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
391.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834358

Amount of Each Receipt this Period
391.00

C.

Full Name (Last, First, Middle Initial)
Steven Allen

Mailing Address 4040 Baughman Grant

City State Zip Code
New Albany OH 43054-8933

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

Name of Employer Occupation
Nationwide Children's Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834389

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **896.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 194
(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 Bruce James

Mailing Address 101 Poolside Ln

City State Zip Code
Dover OH 44622-9565

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

Name of Employer Union Hospital Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 17834393

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1025 New Moody Lane

City State Zip Code
La Grange KY 40031-9154

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

Name of Employer Baptist Hospital Northeast Occupation 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 2 / 3 0 / 2 0 0 9

Transaction ID: 17834519

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr Michael W Gough

Mailing Address P O Box 35070

City State Zip Code
Louisville KY 40232-5070

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

Name of Employer Norton Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: 17834685

Amount of Each Receipt this Period
330.00

SUBTOTAL of Receipts This Page (optional) ► **830.00**

TOTAL This Period (last page this line number 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 / 194
(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. Brian Brezosky

Mailing Address Post Office Box 436620

City State Zip Code
Louisville KY 40253-6620

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

Name of Employer Kentucky Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834686

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth G. Cobb

Mailing Address P.O. Box 436629

City State Zip Code
Louisville KY 40205-3033

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

Name of Employer Kentucky Hospital Association
Occupation Director of Health Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834688

Amount of Each Receipt this Period
500.00

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

Mailing Address 2501 Nelson Miller Parkway
Post Office Box 436629

City State Zip Code
Louisville KY 40223-2221

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

Name of Employer Kentucky Hospital Association
Occupation Executive Dir, Center for Health Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834779

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 122 / 194
(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. Paige Franklin

Mailing Address 404 Kaelin Drive

City State Zip Code
Louisville KY 40207-2204

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

Name of Employer Kentucky Hospital Association Occupation Vice President, Information Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834780
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy C. Galvagni

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code
Louisville KY 40253

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

Name of Employer Kentucky Hospital Association Occupation Senior Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834781
Amount of Each Receipt this Period 500.00

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

Mailing Address 1101 Cardinal Drive

City State Zip Code
Louisville KY 40253-6629

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

Name of Employer Kentucky Hospital Association Occupation Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834783
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 123 / 194
(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. Sarah S. Nicholson

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code
Louisville KY 40223-2221

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 17834791

Amount of Each Receipt this Period
500.00

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

Mailing Address 502 Trotwood Place

City State Zip Code
Louisville KY 40245-4071

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

Name of Employer Kentucky Hospital Association
Occupation Chief Financial 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	2	/	3	0	/	2	0	0	9

Transaction ID: 17834793

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Carol J. Walters

Mailing Address Post Office Box 436629

City State Zip Code
Louisville KY 40253-6629

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

Name of Employer Kentucky Hospital Association
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 17834794

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 124 / 194
(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 J. Warnick

Mailing Address 120 Hilltop Meadow

City State Zip Code
Frankfort KY 46001

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

Name of Employer Occupation
Baptist Hospital East Director of Planning

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 2 / 3 0 / 2 0 0 9

Transaction ID: 17834796

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address P O Box 490

City State Zip Code
New Castle IN 47362-0490

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 17834829

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City State Zip Code
Carmel IN 46033-4442

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

Name of Employer Occupation
Indiana Hospital Association Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 17834830

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 125 / 194
(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. Douglas J Leonard		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address 2574 California Street		Transaction ID: 17834831		
	City Columbus	State IN	Zip Code 47201-3649	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Indiana Hospital Association	Occupation Hospital Association President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

B.	Full Name (Last, First, Middle Initial) Mr. Brian Tabor		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address 10762 Forest Lake Court		Transaction ID: 17834832		
	City Indianapolis	State IN	Zip Code 46278-9610	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Indiana Hospital Association	Occupation Hospital Association VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1025.00			

C.	Full Name (Last, First, Middle Initial) Mr. David H. Wiesman		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address 4521 Hickory Grove Blvd.		Transaction ID: 17834833		
	City Greenwood	State IN	Zip Code 46143-7448	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Indiana Hospital Association	Occupation Hospital Associaton VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 194
(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. Matthew D Bailey, , FACHE

Mailing Address 665 Ironwood Drive

City Avon State IN Zip Code 46123-9458

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 658.25

Date of Receipt 12 / 30 / 2009

Transaction ID: 17834834

Amount of Each Receipt this Period 158.25

B.

Full Name (Last, First, Middle Initial)
Mr. Francis G Albarano

Mailing Address P O Box 407

City Winchester State IN Zip Code 47394-0407

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

Name of Employer St. Vincent Randolph Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 17834835

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Buchanan, M.D.

Mailing Address 2653 County Road 60

City Auburn State IN Zip Code 46706-9511

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

Name of Employer Fort Wayne Medical Education Program Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 17834838

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **908.25**

TOTAL This Period (last page this line 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 127 / 194
	<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. Anne Coleman		Date of Receipt
	Mailing Address 6630 S. 850 E.		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Zionsville	IN	46077-9313
	FEC ID number of contributing federal political committee. C		Transaction ID: 17834841
Name of Employer St. Vincent Indianapolis Hospital		Occupation CEO, St. Vincent Women's	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph E Roche		Date of Receipt
	Mailing Address 911 North Shelby Street		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Salem	IN	47167-2304
	FEC ID number of contributing federal political committee. C		Transaction ID: 17834864
Name of Employer St. Vincent Salem Hospital		Occupation Interim Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Kevin Speer		Date of Receipt
	Mailing Address 13664 Smokey Ridge Place		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Carmel	IN	46033-9263
	FEC ID number of contributing federal political committee. C		Transaction ID: 17834866
Name of Employer St. Vincent Health		Occupation Chief Strategy Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 194
(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 J. VanOsdol

Mailing Address 13772 Wyandotte Place

City State Zip Code
Fishers IN 46038-4500

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

Name of Employer Occupation
Saint John's Health System President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834868

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jerry Young

Mailing Address 2967 Redwood Court

City State Zip Code
Bremen IN 46506-9605

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

Name of Employer Occupation
Community Hospital of Bremen Board President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834870

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Five New England Executive Park

City State Zip Code
Burlington MA 01803-5010

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

Name of Employer Occupation
Massachusetts Hospital Association Director of Association Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 17834872

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 194
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 100 Hospital Drive East

City Bennington State VT Zip Code 05201-5004

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

Name of Employer Southwestern Vermont Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834874
Amount of Each Receipt this Period: 350.00

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

Mailing Address 725 North Street

City Pittsfield State MA Zip Code 01201-4124

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

Name of Employer Berkshire Health Systems, Inc.
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834875
Amount of Each Receipt this Period: 350.00

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

Mailing Address 7750 N Chisholm Hill Rd

City Yukon State OK Zip Code 73099

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

Name of Employer Oklahoma Hospital Association
Occupation Vice President Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: 17834893
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 130 / 194
(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. Rick Snyder

Mailing Address 4000 Lincoln Boulevard

City State Zip Code
Oklahoma City OK 73105-5207

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

Name of Employer Oklahoma Hospital Association
Occupation VP, Finance & Information Services

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 2 / 3 1 / 2 0 0 9

Transaction ID: 17834894

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sheryl R. McLain, MS

Mailing Address 2301 Steeplechase Road

City State Zip Code
Edmond OK 73034-5893

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

Name of Employer Oklahoma Hospital Association
Occupation Vice President, Communications

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 2 / 3 1 / 2 0 0 9

Transaction ID: 17834895

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Craig W. Jones, FACHE

Mailing Address 1904 Windermere Drive

City State Zip Code
Norman OK 73072-3005

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

Name of Employer Oklahoma Hospital Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

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

Transaction ID: 17834896

Amount of Each Receipt this Period
875.00

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 194
(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. Shelly Dunham

Mailing Address P O Box 489

City State Zip Code
Okeene OK 73763-0489

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

Name of Employer Occupation
Okeene Municipal Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17834898

Amount of Each Receipt this Period
21.00

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

Mailing Address 4414 Manchester Court

City State Zip Code
Norman OK 73072-3915

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

Name of Employer Occupation
Oklahoma Hospital Association Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17834899

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles W Sorenson, , Jr., M.D

Mailing Address 36 South State Street, 22nd Fl

City State Zip Code
Salt Lake City UT 84111-1453

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

Name of Employer Occupation
Intermountain Healthcare, Inc. Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17835480

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1021.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 194
(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 Chris Coons		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 243 East St. George Boulevard Suite 240		Transaction ID: 17835481
City Saint George	State UT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Intermountain Healthcare, Inc.	Occupation V.P. Southwestern Region	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mr. Jeffrey S Drop		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 4816 Amber Valley Parkway		Transaction ID: 17835482
City Fargo	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Catholic Health Initiatives	Occupation SVP Division Executive	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Mr. Jonathan Archey		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 155 East Broad Street		Transaction ID: 17835495
City Columbus	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Ohio Hospital Association	Occupation Manager, Federal Relations	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 133 / 194
(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. Paul R Bengtson

Mailing Address P O Box 905

City State Zip Code
Saint Johnsbury VT 05819-9962

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

Name of Employer
Northeastern Vermont Regional Hospital

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17839281

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Judith C Tarr

Mailing Address P O Box 547

City State Zip Code
Barre VT 05641-0547

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

Name of Employer
Central Vermont Medical Center

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17839283

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. William Hibbitt

Mailing Address 2800 North Dallas Parkway
Suite 200

City State Zip Code
Plano TX 75093-5994

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

Name of Employer
LHP Hospital Group

Occupation
Exec. VP & Deputy CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17839284

Amount of Each Receipt this Period
1000.00

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 134 / 194
(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. Daniel J. Moen

Mailing Address 3621 Twin Lakes Way

City State Zip Code
Plano TX 75093-7538

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

Name of Employer LHP Hospital Group Occupation 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 Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 17839307

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles A Sted

Mailing Address 55 Merchant Street

City State Zip Code
Honolulu HI 96813-4306

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

Name of Employer Hawaii Pacific Health Occupation President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 17839393

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Andrew Agwunobi, , M.D.

Mailing Address P O Box 2555

City State Zip Code
Spokane WA 99220-2555

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

Name of Employer Providence Sacred Heart Medical Center Occupation Interim President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 17852417

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 135 / 194
(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. Dawn Ahner

Mailing Address 77 Pringle Way

City State Zip Code
Reno NV 89502-1474

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

Name of Employer Occupation
Renown Health Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17855842

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr Allen Flagg, Jr

Mailing Address 5606 Golden Leaf Ave.

City State Zip Code
Las Vegas NV 89122-4756

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

Name of Employer Occupation
Seven Hills Behavioral Institute Chief Operation Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17855957

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Eva C. LaBarge

Mailing Address 6434 Sun Flag Ct.

City State Zip Code
Sparks NV 89436-5400

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

Name of Employer Occupation
Nevada Hospital Association Vice President of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17855963

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 136 / 194
(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 Jim Sinek

Mailing Address 2700 West Norfolk Avenue

City State Zip Code
Norfolk NE 68701-4438

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

Name of Employer
Faith Regional Health Services
Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17855964

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 720 Fourth Street North

City State Zip Code
Fargo ND 58122-4520

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

Name of Employer
MeritCare 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
12 / 31 / 2009

Transaction ID: 17855970

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. David R Molmen

Mailing Address 1000 South Columbia Road

City State Zip Code
Grand Forks ND 58201-4032

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

Name of Employer
Altru Health System
Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17856606

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick		Date of Receipt
	Mailing Address 73 North Ave.		<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 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Mendon	MA	01756-1015
	FEC ID number of contributing federal political committee. C		Transaction ID: 17856717
Name of Employer Massachusetts Hospital Association		Occupation Senior VP, Healthcare Finance & Manage	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 ▼ 350.00	350.00

B.	Full Name (Last, First, Middle Initial) Mr Paul J Andrews		Date of Receipt
	Mailing Address 238 Win St.		<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 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Woburn	MA	01801-2832
	FEC ID number of contributing federal political committee. C		Transaction ID: 17856722
Name of Employer Winchester Hospital		Occupation Board Member	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 ▼ 350.00	350.00

C.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan		Date of Receipt
	Mailing Address 506A East Howell Avenue		<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 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Alexandria	VA	22301-1216
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1034595123156
Name of Employer American Hospital Association-Washingt		Occupation Associate Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	40.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	740.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 194
(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. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1045726223156

Amount of Each Receipt this Period 103.00

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

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1082532723156

Amount of Each Receipt this Period 46.00

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

C.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1113464223156

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional) ► 177.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 194
(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. 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 ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1143013023156

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 ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1260472923156

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 1660 Lanier PL Apt. 309

City Washington State DC Zip Code 20009-2939

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1300853723156

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: PAGE 140 / 194
(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. Stephen Mayfield		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address One North Franklin Street Suite 32139		Transaction ID: PR1302378923156
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.40
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address One North Franklin		Transaction ID: PR1347703423156
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation Vice President Account Services	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 ▼ 1150.00	

C.

Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address One North Franklin		Transaction ID: PR1347703623156
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.40
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 141 / 194
(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. 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 ▼ 350.00

Date of Receipt

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

Transaction ID: PR1347791023156

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 ▼ 1000.00

Date of Receipt

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

Transaction ID: PR1384065323156

Amount of Each Receipt this Period
103.00

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

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: PR1492459923156

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► **171.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 194
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Monica D Day	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 10224 Prince Place #205	Transaction ID: PR1516850623156
	City State Zip Code Largo MD 20774-1210	Amount of Each Receipt this Period 43.61
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Political Affairs Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Ms. Elisa Arespachoga	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address One North Franklin	Transaction ID: PR1555656223156
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 45.60
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.22 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Associate Director, Constituency Sectio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1555656523156
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 45.60
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
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 ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	134.81
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 143 / 194
(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. Kathy Poole

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, Governance Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.98

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

Transaction ID: PR1589439923156

Amount of Each Receipt this Period 47.71

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

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: PR327629123156

Amount of Each Receipt this Period 103.00

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

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

Mailing Address 11004 Petersborough Drive

City State Zip Code
Rockville MD 20852-3249

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: PR327745923156

Amount of Each Receipt this Period 103.00

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

SUBTOTAL of Receipts This Page (optional) ► 253.71

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 194
(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. 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 ▼ 350.00

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

Transaction ID: PR327771623156

Amount of Each Receipt this Period
28.00

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

B.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: PR327777223156

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 ▼ 500.00

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

Transaction ID: PR327777823156

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 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 145 / 194
(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. 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 ▼ 500.00

Date of Receipt

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

Transaction ID: PR327801723156

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: PR327812023156

Amount of Each Receipt this Period 103.00

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

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

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: PR327831723156

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► **183.00**

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

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

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

FOR LINE NUMBER: PAGE 146 / 194
(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 ▼ 350.00

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

Transaction ID: PR327846223156

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 ▼ 500.00

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

Transaction ID: PR327851923156

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 ▼ 1000.00

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

Transaction ID: PR327858023156

Amount of Each Receipt this Period 103.00

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

SUBTOTAL of Receipts This Page (optional) ► 171.00

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

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

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

FOR LINE NUMBER: PAGE 147 / 194
(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. 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 ▼
1000.00

Date of Receipt

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

Transaction ID: PR327877823156

Amount of Each Receipt this Period
103.00

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

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

Mailing Address 130 North Garland Court #3002

City State Zip Code
Chicago IL 60602-4750

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: PR327895723156

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 ▼
350.00

Date of Receipt

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

Transaction ID: PR327918923156

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional) ► **171.00**

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

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

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

FOR LINE NUMBER: PAGE 148 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR328132823156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR328136923156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Executive Director, SHSMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR328174923156
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 234.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. 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 ▼ 1000.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR328223823156

Amount of Each Receipt this Period 103.00

P/R Deduction (\$40.00 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 ▼ 1000.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR328224923156

Amount of Each Receipt this Period 103.00

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 ▼ 500.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR328241423156

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 246.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 194
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR328260923156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City Arnold State MD Zip Code 21012-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Strategic Commun

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR328310423156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR328341823156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 309.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 194
	<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. Carla L. Luggiero	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328490123156
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 200 Clover Hill Court	Transaction ID: PR328511823156
	City Yardley State PA Zip Code 19067-5736	Amount of Each Receipt this Period 103.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1501 N. Harrison Street	Transaction ID: PR328512023156
	City Arlington State VA Zip Code 22205-2726	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	163.00
TOTAL This Period (last page this line 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 152 / 194		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. George Arges	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address One North Franklin St.	Transaction ID: PR328641123156
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 68.13
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Senior Director, Health Data Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.94	P/R Deduction (\$22.73 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address One North Franklin Ave.	Transaction ID: PR328913323156
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation President & CEO, AHA Solutions, Inc. & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address One North Franklin Street	Transaction ID: PR329013423156
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation SPSA Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	228.13
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 194
	<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. John R. Combes, MD	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address One North Franklin	Transaction ID: PR329071323156
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 103.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR329084423156
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 500 Interstate Boulevard South	Transaction ID: PR329215723156
	City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 103.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	246.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 194
(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. 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 ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR329342623156

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 ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR329654223156

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 ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR330343323156

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 155 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address One North Franklin	Transaction ID: PR330411623156
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR330465223156
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4960 138th Cricle West	Transaction ID: PR330475423156
	City State Zip Code Apple Valley MN 55124-9229	Amount of Each Receipt this Period 103.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	171.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 194
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR330534323156

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR330547723156

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR330549223156

Amount of Each Receipt this Period
135.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **215.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Walter James Reiter	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 6820 Deerpath Road	Transaction ID: PR330776123156
	City State Zip Code Elkridge MD 21075-6200	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland Hospital Association Occupation V.P., Advocacy & Member Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00)

B.	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1101 N. Kentucky Street	Transaction ID: PR331278823156
	City State Zip Code Arlington VA 22205-3515	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 26 West Glendale Ave.	Transaction ID: PR331304223156
	City State Zip Code Alexandria VA 22301-2402	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	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 158 / 194
(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 State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt
Occupation Sr. Director Federal Relations & Polic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR331379123156

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 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 ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR331386923156

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 6225 US Hwy 290 E

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago
Occupation AHA Regional Executive for TX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR331416023156

Amount of Each Receipt this Period
166.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **222.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 194
(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. 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 ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR331533223156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$40.00 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 ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR346168123156
 Amount of Each Receipt this Period 59.60
 P/R Deduction (\$40.00 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 ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR517619723156
 Amount of Each Receipt this Period 103.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 265.60

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 194
(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. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR518031923156
Amount of Each Receipt this Period 65.20
P/R Deduction (\$21.74 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Laura M. Werner

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 Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR560101523156
Amount of Each Receipt this Period 45.60
P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR566280923156
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 150.80

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 194
(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. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City State Zip Code
Alexandria VA 22314-4142

FEC ID number of contributing federal political committee. C

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: PR766023723156

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Rochelle M. Archuleta

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 Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: PR801366323156

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lisa Kidder Hrobsky

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, Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: PR876637223156

Amount of Each Receipt this Period 63.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 131.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 162 / 194
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sheila R. Meadows

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 Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR936292323156

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 Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director Quality Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR939603923156

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	56.00
TOTAL This Period (last page this line number only)	▶	142545.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 194
(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)
Montana Hospital Association PAC - Federal Fund

Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 17751387

Amount of Each Receipt this Period
5290.00

B. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
155000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17793052

Amount of Each Receipt this Period
5000.00

C. 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 ▼
180000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 17793368

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **20290.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 194
(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)
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 ▼
15600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: 17801247

Amount of Each Receipt this Period
1825.00

B. 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 ▼
94700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: 17831485

Amount of Each Receipt this Period
31200.00

C. 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 ▼
16150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: 17831486

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional) ► **33575.00**

TOTAL This Period (last page this line number only) ► **53865.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 194
(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 checked="" type="checkbox"/> 16

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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 ▼
3283.46

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 17869772

Amount of Each Receipt this Period
277.76

Interest Earned

SUBTOTAL of Receipts This Page (optional)	▶	277.76
TOTAL This Period (last page this line number only)	▶	277.76

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 166 / 194

<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. MACPAC (Missourians for Accountability & Change)

Full Name (Last, First, Middle Initial)

Mailing Address 607 - 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2009 Contribution

Candidate Name
MACPAC (Missourians for Accountability & Change)

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17803425

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2009 Contribution

B. Gillibrand For Senate

Full Name (Last, First, Middle Initial)

Mailing Address 313 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kirsten Gillibrand

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: 17803426

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

C. Bennett Election Committee Inc

Full Name (Last, First, Middle Initial)

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Sen. Robert F. Bennett

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: UT District:

Transaction ID: 17803427

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 167 / 194

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan</p> <p>Mailing Address PO Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:</p>	<p>Transaction ID: 17803428 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01</p>	<p>Transaction ID: 17803429 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Carnahan In Congress</p> <p>Mailing Address 7370 Manchester Rd Ste 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 03</p>	<p>Transaction ID: 17803430 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 168 / 194

<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) Kay Granger Campaign Fund	Transaction ID: 17803431 Date of Disbursement 12 / 02 / 2009
	Mailing Address 715 Jones Street, Suite 101	Amount of Each Disbursement this Period 1000.00
	City Fort Worth State TX Zip Code 76102	
	Purpose of Disbursement Contribution Candidate Name Rep. Kay Granger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen	Transaction ID: 17803432 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 44369	Amount of Each Disbursement this Period 1000.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement Contribution Candidate Name Rep. Erik P. Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 17803433 Date of Disbursement 12 / 02 / 2009
	Mailing Address P.O. Box 11519	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement Contribution Candidate Name Rep. Shelley Moore Capito Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17803434 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Gwendolynne Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17803435 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Garamendi For Congress</p> <p>Mailing Address C/O California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Garamendi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17803436 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 170 / 194

<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) Friends Of Glenn Thompson <hr/> Mailing Address PO Box 1112 <hr/> City State College State PA Zip Code 16804 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Glenn W. Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17803437 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Synergy PAC <hr/> Mailing Address 6849 Old Dominion Drive Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Synergy PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17805352 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 2009 Contribution
C.	Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon <hr/> Mailing Address 2236 Se 10th Ave <hr/> City Portland State OR Zip Code 97214 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Jeffrey Merkley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Debt Re	Transaction ID: 17805370 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<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) Gillibrand For Senate Mailing Address 313 C Street NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Sen. Kirsten Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17805377 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Guthrie For Congress Mailing Address PO Box 9639 City Bowling Green State KY Zip Code 42102 Purpose of Disbursement Contribution Candidate Name Rep. Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17805384 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Moore For Congress Mailing Address PO Box 16646 City Milwaukee State WI Zip Code 53216 Purpose of Disbursement Contribution Candidate Name Rep. Gwendolynne Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17805385 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 500.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<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)
Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael Avery Ross

Office Sought: House
 Senate
 President

State: AR District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 17805386
Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Southwest Pennsylvania PAC

Mailing Address PO Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
2009 Contribution

Candidate Name
Southwest Pennsylvania PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 17805388
Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

3000.00

2009 Contribution

C. Full Name (Last, First, Middle Initial)
Patrick Murphy For Congress

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement
Contribution

Candidate Name
Rep. Patrick J. Murphy

Office Sought: House
 Senate
 President

State: PA District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 17805389
Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Scott Garrett For Congress</p> <p>Mailing Address P.O. Box 905</p> <p>City Newton State NJ Zip Code 07860</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Scott Garrett</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: NJ District: 05</p>	<p>Transaction ID: 17805391</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <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="500.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name New Democrat Coalition Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 17805393</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <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="2000.00"/></p> <p>2009 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Fund For The Majority, The</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Fund For The Majority, The</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 17805394</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <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="5000.00"/></p> <p>2009 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 111 C Street SE Lower Unit City Washington State DC Zip Code 20003 Purpose of Disbursement 2009 Contribution Candidate Name The Freedom Project Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17805395 Date of Disbursement 12 / 08 / 2009 Amount of Each Disbursement this Period 5000.00 2009 Contribution	<input type="text" value="011"/> Category/ Type
B.	Full Name (Last, First, Middle Initial) We the People PAC Mailing Address PO Box 2232 City Jenkintown State PA Zip Code 19046 Purpose of Disbursement 2009 Contribution Candidate Name We the People PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17805445 Date of Disbursement 12 / 08 / 2009 Amount of Each Disbursement this Period 2500.00 2009 Contribution	<input type="text" value="011"/> Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Contribution Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Transaction ID: 17805448 Date of Disbursement 12 / 08 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution	<input type="text" value="011"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Citizens For Harkin Mailing Address P O Box 811 City Des Moines State IA Zip Code 50304 Purpose of Disbursement 2014 Contribution Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 17805449 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00 2014 Contribution
B.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address PO Box 17192 Suite F City Ft Mitchell State KY Zip Code 41017 Purpose of Disbursement Contribution Candidate Name Rep. Geoffrey Davis 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: KY District: 04	Transaction ID: 17805460 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Bill Foster For Congress Committee Mailing Address PO Box 703 City Geneva State IL Zip Code 60134 Purpose of Disbursement Contribution Candidate Name Rep. Bill Foster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14	Transaction ID: 17805462 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 176 / 194

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement
Contribution

Candidate Name
Rep. Donald A. Manzullo

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 16

Transaction ID: 17805470
Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Judy Biggert For Congress

Mailing Address P.O. Box 637

City State Zip Code
Hinsdale IL 60522

Purpose of Disbursement
Contribution

Candidate Name
Rep. Judy Biggert

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 13

Transaction ID: 17805471
Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City State Zip Code
Menominee MI 49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 01

Transaction ID: 17805472
Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**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 177 / 194

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17805473 Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17805482 Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Priority PAC</p> <p>Mailing Address 818 Connecticut Ave., NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Priority PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17811678 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2009 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., SW Suite 114 City Washington State DC Zip Code 20003 Purpose of Disbursement 2009 Contribution Candidate Name BRIDGE PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17811682 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 2009 Contribution
B.	Full Name (Last, First, Middle Initial) Valley PAC Mailing Address PO Box 529 City Washington State DC Zip Code 20044 Purpose of Disbursement 2009 Contribution Candidate Name Valley PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17811685 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 2009 Contribution
C.	Full Name (Last, First, Middle Initial) Longhorn PAC Mailing Address 228 S. Washington St. Suite B-20 City Alexandria State VA Zip Code 22314 Purpose of Disbursement 2009 Contribution Candidate Name Longhorn PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17811686 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 2009 Contribution

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814688 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814705 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name C.A. Dutch Ruppensberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814706 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mike McMahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael E. McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814707</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>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</p> <p>Candidate Name Rep. Suzanne M. Kosmas</p> <p>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>Transaction ID: 17814708</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Nunes For Congress</p> <p>Mailing Address PO Box 891</p> <p>City Pixley State CA Zip Code 93256</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Devin Nunes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814709</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 / 194

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814710 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Nita Lowey For Congress</p> <p>Mailing Address PO Box 271</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Nita M. Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814711 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Glenn C. Nye, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814712 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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) Re-Elect McGovern Committee Mailing Address PO Box 60405 City Worcester State MA Zip Code 01606 Purpose of Disbursement Contribution Candidate Name Rep. James P. McGovern Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17814714 Date of Disbursement 12 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00 Contribution

B. Full Name (Last, First, Middle Initial) Schauer For Congress Mailing Address PO Box 100 City Battle Creek State MI Zip Code 49016 Purpose of Disbursement Contribution Candidate Name Rep. Mark Hamilton Schauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17814715 Date of Disbursement 12 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00 Contribution

C. Full Name (Last, First, Middle Initial) Engel For Congress Mailing Address 462 California Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement Contribution Candidate Name Rep. Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17814716 Date of Disbursement 12 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) 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 Mr. F Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814717</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>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 Mr. F Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814719</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jim Marshall</p> <p>Mailing Address 586 Orange Street</p> <p>City Macon State GA Zip Code 31201</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jim Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17814722</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 / 194

<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) Dave Wu For Us Congress <hr/> Mailing Address 818 Sw Third Ave. #1182 <hr/> City Portland State OR Zip Code 97204 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. David Wu Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17814723 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	
		Amount of Each Disbursement this Period 1000.00	Contribution
B.	Full Name (Last, First, Middle Initial) Adler For Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John Herbert Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17814724 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	
		Amount of Each Disbursement this Period 1000.00	Contribution
C.	Full Name (Last, First, Middle Initial) Friends Of Phil Hare <hr/> Mailing Address 224 18th Street P.O. Box 4183 <hr/> City Rock Island State IL Zip Code 61204 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Phil Hare Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17814725 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	
		Amount of Each Disbursement this Period 1000.00	Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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 185 / 194

<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) Wasserman-Schultz For Congress	Transaction ID: 17814726 Date of Disbursement																			
	Mailing Address 1071 Twin Branch Ln	<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>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	0	/	2	0	0	9												
	City State Zip Code Weston FL 33326	Amount of Each Disbursement this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Purpose of Disbursement Contribution	Contribution																			
	Candidate Name Rep. Debbie Wasserman-Schultz																				
	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: FL District: 20																				

B.	Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress	Transaction ID: 17814727 Date of Disbursement																			
	Mailing Address 1071 Twin Branch Ln	<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>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	0	/	2	0	0	9												
	City State Zip Code Weston FL 33326	Amount of Each Disbursement this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Purpose of Disbursement Contribution	Contribution																			
	Candidate Name Rep. Debbie Wasserman-Schultz																				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: FL District: 20																				

C.	Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 17833682 Date of Disbursement																			
	Mailing Address PO Box 3078	<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>2</td><td>/</td><td>1</td><td>6</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	2	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	6	/	2	0	0	9												
	City State Zip Code Denver CO 80201	Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Purpose of Disbursement Contribution	Contribution																			
	Candidate Name Sen. Michael F. Bennet																				
	Office Sought: <input type="checkbox"/> House <input checked="" 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: CO District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00
2000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ellsworth For Indiana	Transaction ID: 17833702 Date of Disbursement 12 / 16 / 2009
	Mailing Address P.O. Box 62	Amount of Each Disbursement this Period 1500.00
	City Evansville State IN Zip Code 47701	
	Purpose of Disbursement Contribution Candidate Name Rep. Brad Ellsworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Higgins For Congress	Transaction ID: 17833708 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO Box 28	Amount of Each Disbursement this Period 1000.00
	City Buffalo State NY Zip Code 14220	
	Purpose of Disbursement Contribution Candidate Name Rep. Brian M. Higgins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Harry Mitchell For Congress	Transaction ID: 17833714 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO Box 23748	Amount of Each Disbursement this Period 1000.00
	City Tempe State AZ Zip Code 85285	
	Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Dan Lipinski For Congress</p> <p>Mailing Address P.O. Box 520</p> <p>City Western Springs State IL Zip Code 60558</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel William Lipinski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17833723</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <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. Full Name (Last, First, Middle Initial) Charlie Dent For Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17833750</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <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>C. Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17833759</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <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>

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)

PAGE 188 / 194

<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)
Team Emerson For Jo Ann Emerson

Transaction ID: 17833760
Date of Disbursement

Mailing Address P.O. Box 822
400 Broadway, Suite 501

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

City Cape Girardeau State MO Zip Code 63702

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Jo Emerson

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

B.

Full Name (Last, First, Middle Initial)
Ted Deutch For Congress Committee

Transaction ID: 17833763
Date of Disbursement

Mailing Address 20423 Sr 7 Suite F6-383

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	9

City Boca Raton State FL Zip Code 33498

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Theodore Deutch

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Special-Primary2010

Contribution

C.

Full Name (Last, First, Middle Initial)
Capuano For Congress Committee

Transaction ID: 17834371
Date of Disbursement

Mailing Address PO Box 440305

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

City Somerville State MA Zip Code 02144

Amount of Each Disbursement this Period

-1000.00

Purpose of Disbursement
Void of 9/09 check

011

Category/
Type

Candidate Name
Rep. Michael E. Capuano

Office Sought: House
 Senate
 President
State: MA District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Void of 9/09 check

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 17834383 Date of Disbursement 12 / 29 / 2009
	Mailing Address PO Box 14631	Amount of Each Disbursement this Period -1000.00
	City Shawnee Mission State KS Zip Code 66285	
	Purpose of Disbursement Void of 10/09 check	011 Category/Type
	Candidate Name Rep. Dennis Moore	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 10/09 check

B.	Full Name (Last, First, Middle Initial) Hawkeye PAC	Transaction ID: 17834396 Date of Disbursement 12 / 18 / 2009
	Mailing Address P.O.Box 7255	Amount of Each Disbursement this Period 2500.00
	City Des Moines State IA Zip Code 50309	
	Purpose of Disbursement 2009 Contribution	011 Category/Type
	Candidate Name Hawkeye PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2009 Contribution

C.	Full Name (Last, First, Middle Initial) Schiff For Congress	Transaction ID: 17834408 Date of Disbursement 12 / 18 / 2009
	Mailing Address 777 S. Figueroa St. Suite 4050	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement Contribution	011 Category/Type
	Candidate Name Rep. Adam B. Schiff	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 / 194

<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) Schiff For Congress Mailing Address 777 S. Figueroa St. Suite 4050 City Los Angeles State CA Zip Code 90017 Purpose of Disbursement Contribution Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17834515 Date of Disbursement 12 / 18 / 2009	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City Wilmington State DE Zip Code 19899 Purpose of Disbursement Contribution Candidate Name Mr. John Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17834774 Date of Disbursement 12 / 18 / 2009	Amount of Each Disbursement this Period 5000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Dan Lipinski For Congress Mailing Address P.O. Box 520 City Western Springs State IL Zip Code 60558 Purpose of Disbursement Contribution Candidate Name Rep. Daniel William Lipinski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17834776 Date of Disbursement 12 / 18 / 2009	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)
Ryan For Congress

Transaction ID: 17870508
Date of Disbursement

Mailing Address P. O. Box 1919

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

City Janesville State WI Zip Code 53547

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Paul D. Ryan

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District: 01

Contribution

B.

Full Name (Last, First, Middle Initial)
Adam Smith For Congress Committee

Transaction ID: 17870645
Date of Disbursement

Mailing Address PO Box 23626

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

City Federal Way State WA Zip Code 98093

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. D. Adam Smith

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WA District: 09

Contribution

C.

Full Name (Last, First, Middle Initial)
Chris Lee For Congress

Transaction ID: 17870814
Date of Disbursement

Mailing Address PO Box 15395

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

City Rochester State NY Zip Code 14615

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Christopher John Lee

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 26

Contribution

SUBTOTAL of Disbursements This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 192 / 194

<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)
Butterfield For Congress Committee

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Contribution

Candidate Name
Rep. George K. Butterfield

Office Sought: House
 Senate
 President

State: NC District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 17870917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 193 / 194

<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: 17869767 Date of Disbursement
	Mailing Address Ste. 001	<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="4.95"/>
	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: 17869768 Date of Disbursement
	Mailing Address Ste. 001	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="110.51"/>
	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: 17869769 Date of Disbursement
	Mailing Address 1601 Elm Street	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	<input type="text" value="180.88"/>
	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

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="296.34"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 194 / 194

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Paymentech

Transaction ID: 17869770
Date of Disbursement

Mailing Address 14221 Dallas Parkway
Building Two

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

City Dallas State TX Zip Code 75254

Amount of Each Disbursement this Period

76.39

Purpose of Disbursement
Merchant Fees
Candidate Name

001
Category/ Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Merchant Fees

B.

Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Transaction ID: 17869771
Date of Disbursement

Mailing Address 1400 G Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

38.07

Purpose of Disbursement
Bank Fee
Candidate Name

001
Category/ Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Bank Fee

SUBTOTAL of Disbursements This Page (optional) ►

114.46

TOTAL This Period (last page this line number only) ►

410.80
