

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW
Suite 700
Washington DC 20004

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00106146

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 02 01 2010 through 02 28 2010

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 03 15 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2190847.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2250481.15									
(c) Total Receipts (from Line 19)	89680.32	217334.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2340161.47	2408181.88								
7. Total Disbursements (from Line 31)	68925.26	136945.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2271236.21	2271236.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13870.00	18220.00
(ii) Unitemized	8039.42	12955.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21909.42	31175.42
(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)	21909.42	31175.42
12. Transfers From Affiliated/Other Party Committees	66000.00	184100.00
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	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	270.90	559.28
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))	89680.32	217334.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89680.32	217334.70

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.....	325.26	653.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	325.26	653.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68600.00	136100.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	192.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68925.26	136945.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68925.26	136945.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21909.42	31175.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21909.42	31175.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	325.26	653.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	325.26	653.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 38
	(check only one)	
<input 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 checked="" 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)
Friends Of Byron Dorgan

Mailing Address PO Box 871

City	State	Zip Code
Bismarck	ND	58502

FEC ID number of contributing federal political committee. **C** C00143438

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

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

Transaction ID: 17987493

Amount of Each Receipt this Period
 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Healthcare Association of Hawaii PAC	Date of Receipt MM / DD / YYYY 02 / 02 / 2010
	Mailing Address 932 Ward Avenue, Suite 430	Transaction ID: 17988649
	City State Zip Code Honolulu HI 96814	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C C00159061	
	Name of Employer Occupation 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) New York Hospital & Healthcare Assoc. FED PAC	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address One Empire Drive	Transaction ID: 18011082
	City State Zip Code Rensselaer NY 12144	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C C00160259	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 73500.00

C.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 1215 K Street Suite 800	Transaction ID: 18011083
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 40000.00
	FEC ID number of contributing federal political committee. C C00237495	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00

SUBTOTAL of Receipts This Page (optional)	55500.00
TOTAL This Period (last page this line number 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 / 38
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" 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)
Healthcare Association of Hawaii PAC

Mailing Address 932 Ward Avenue, Suite 430

City Honolulu State HI Zip Code 96814

FEC ID number of contributing federal political committee. **C** C00159061

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 18026404

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY
02 / 11 / 2010

Transaction ID: 18094179

Amount of Each Receipt this Period: 10000.00

SUBTOTAL of Receipts This Page (optional)	10500.00
TOTAL This Period (last page this line number only)	66000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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 Judy McClenaghan	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 2806 Octavia Lane	Transaction ID: 18003171
	City State Zip Code Marietta GA 30062-4924	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Hospital Association Occupation Government Relations Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Vi B. Naylor	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 190 Hunting Creek Drive	Transaction ID: 18003174
	City State Zip Code Marietta GA 30068-3416	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Hospital Association Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Joyce Reid	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 1675 Terrell Mill Rd	Transaction ID: 18003175
	City State Zip Code Marietta GA 30067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Georgia Hospital Association Occupation Health and Accountability Specialist, 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 10 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 3300 Gallows Road

City State Zip Code
Falls Church VA 22042-3307

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

Name of Employer Occupation
Inova Fairfax Hospital Chief Nurse Executive

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

Date of Receipt

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

Transaction ID: 18004528

Amount of Each Receipt this Period

350.00

B.

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

Mailing Address 34 Grove Street

City State Zip Code
Oradell NJ 07649

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

Name of Employer Occupation
Holy Name 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
0 2 / 1 2 / 2 0 1 0

Transaction ID: 18004898

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Audrey Meyers

Mailing Address 251 Highland Avenue

City State Zip Code
Ridgewood NJ 07450-2726

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

Name of Employer Occupation
Valley 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
0 2 / 1 2 / 2 0 1 0

Transaction ID: 18004901

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: (check only one)	PAGE 11 / 38
	<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) Dr. Frank J Vozos, , M.D., FA		Date of Receipt MM / DD / YYYY 02 / 12 / 2010		
	Mailing Address 300 Second Avenue		Transaction ID: 18004910		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Long Branch	NJ	07740-6303	250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Saint Barnabas Health Care System		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mr. Jeff M. Dye		Date of Receipt MM / DD / YYYY 02 / 12 / 2010		
	Mailing Address 2121 Osuna Rd NE		Transaction ID: 18007805		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Albuquerque	NM	87113-1001	500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer New Mexico Hospital Association		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			

C.	Full Name (Last, First, Middle Initial) Mr. Brian S Bentley		Date of Receipt MM / DD / YYYY 02 / 12 / 2010		
	Mailing Address 1313 East 32nd Street		Transaction ID: 18007806		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Silver City	NM	88061-7251	250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Gila Regional Medical Center		Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 12 / 38
(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 Dixon

Mailing Address 7102 Heatherton Trail

City Edina State MN Zip Code 55435-4121

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

Name of Employer Fairview Health Services Occupation Regional President, Southwest

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2010
Transaction ID: 18007910
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alan L Goldbloom, M.D.

Mailing Address 2525 Chicago Avenue South

City Minneapolis State MN Zip Code 55404-4518

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

Name of Employer Children's Hospitals and Clinics of Mi Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2010
Transaction ID: 18007912
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Timothy H Hanson

Mailing Address 559 Capitol Boulevard, 6-South

City Saint Paul State MN Zip Code 55103-0000

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

Name of Employer HealthEast Care System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2010
Transaction ID: 18007915
 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 13 / 38
(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. Mary Maertens

Mailing Address 300 South Bruce Street

City State Zip Code
Marshall MN 56258-3901

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

Name of Employer Occupation
Avera Marshall Regional Medical Center Director, Community Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 18007921

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 18007922

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terence Pladson, M.D.

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1900

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 18007925

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 38
(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. Donna M. Herrin-Griffith, MSN, RN, C

Mailing Address 105 Overleaf Pointe

City State Zip Code
Huntsville AL 38104-6600

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

Name of Employer
Methodist Le Bonheur Healthcare

Occupation
Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 18011025

Amount of Each Receipt this Period
500.00

B.

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

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
Sr. Vice President and Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 18011027

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mary Longe

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
Account Manager AHA Solutions, Inc.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 18011034

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 38						
	(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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2450 Riverside Avenue

City State Zip Code
Minneapolis MN 55454-1450

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

Name of Employer Occupation
Fairview Health Services President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 18011777

Amount of Each Receipt this Period
500.00

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

Mailing Address 800 Medical Center Drive

City State Zip Code
Fairmont MN 56031-4575

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

Name of Employer Occupation
Fairmont Medical Center-M-ayo Health Sy Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 18011786

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Marianne G. Lorini

Mailing Address 151 Pebblebrook Drive

City State Zip Code
Willoughby OH 44094-9169

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

Name of Employer Occupation
Akron Regional Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 18011866

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38
(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. Scott C Malaney

Mailing Address 1900 South Main Street

City Findlay State OH Zip Code 45840-1214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 18011867
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mina H Ubbing

Mailing Address 750 Fairview Drive

City Lancaster State OH Zip Code 43130-3313

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 18011874
Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 667 Eastland Avenue SE

City Warren State OH Zip Code 44484-4503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 18011875
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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. David Engler, PhD		Date of Receipt
	Mailing Address 323 Pebble Creek Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43017-1370
	FEC ID number of contributing federal political committee. C		Transaction ID: 18011910
Name of Employer Ohio Hospital Association		Occupation VP Quality Institute	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
	Mailing Address 257 Clouse Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Granville	OH	43023-1428
	FEC ID number of contributing federal political committee. C		Transaction ID: 18011911
Name of Employer Ohio Hospital Association		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 625.00

C.	Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher		Date of Receipt
	Mailing Address 155 East Broad Street, 15th Floor		<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 0 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43215-3609
	FEC ID number of contributing federal political committee. C		Transaction ID: 18011912
Name of Employer Ohio Hospital Association		Occupation Vice President & General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 38
(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. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City Columbus State OH Zip Code 43214-2545

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

Name of Employer Ohio Hospital Association Occupation Vice President, State Policy & Advocac

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 18011913
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 Bexley State OH Zip Code 43209-1612

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

Name of Employer Ohio Hospital Association Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 18011918
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 Gahanna State OH Zip Code 43230-3825

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

Name of Employer Ohio Hospital Association Occupation Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2010
Transaction ID: 18011922
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 19 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 6218 Muirlock Court

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Ohio Hospital Association Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 18011924

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stanley R Korducki

Mailing Address 950 West Wooster Street

City State Zip Code
Bowling Green OH 43402-2603

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

Name of Employer Occupation
Wood County Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 18011925

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 903 Shore Drive

City State Zip Code
Cape May NJ 08204-2234

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 18026045

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 38
(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. Elizabeth A. Ryan, Esq.
Mailing Address 4 Brookside Drive

City State Zip Code
Bordentown NJ 08505-4439

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

Name of Employer Occupation
New Jersey Hospital Association President & Chief Executive Officer

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

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 18026066
Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kim C. Byas, Sr., MPH,
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

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

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 18027887
Amount of Each Receipt this Period
500.00

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 Occupation
American Hospital Association-Chicago AHA Regional Executive for TX

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2010

Transaction ID: PR331416023395
Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2120.00

TOTAL This Period (last page this line number only) ► 13870.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 38	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt																					
	Mailing Address 1400 G Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	6		2	0	1	0														
	City State Zip Code Washington DC 20005		Transaction ID: 18086727																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.90																					
Name of Employer Occupation		Interest Earned																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 559.28																						

SUBTOTAL of Receipts This Page (optional)	▶	270.90
TOTAL This Period (last page this line number only)	▶	270.90

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)
PrairieLand PAC

Transaction ID: 18001052
Date of Disbursement

Mailing Address 228 S. Washington Street
Suite B-20

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

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
PrairieLand PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

2010 Contribution

State: District:

B.

Full Name (Last, First, Middle Initial)
PETEPAC: People for Enterprise Trade & Econ Growth

Transaction ID: 18001053
Date of Disbursement

Mailing Address 3686 King Street
#146

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

City State Zip Code
Alexandria VA 22302

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2010 Contribution

011

Category/
Type

Candidate Name
PETEPAC: People for Enterprise Trade & Econ Growth

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

2010 Contribution

State: District:

C.

Full Name (Last, First, Middle Initial)
Pete Sessions For Congress

Transaction ID: 18001054
Date of Disbursement

Mailing Address PO Box 823047

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

City State Zip Code
Dallas TX 75382

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

State: TX District: 32

SUBTOTAL of Disbursements This Page (optional)

11500.00

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) Barnett For Congress</p> <p>Mailing Address PO Box 1937</p> <p>City Emporia State KS Zip Code 66801</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. James Barnett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS 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: 18001055 Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Peters For Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Gary C. Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18001056 Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) John Hall For Congress</p> <p>Mailing Address PO Box 469</p> <p>City Beacon State NY Zip Code 12508</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John J. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18001057 Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

A.

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

Mailing Address PO Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brian M. Higgins

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18001058
Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ed Royce For Congress

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement
Contribution

Candidate Name
Rep. Edward R. Royce

Office Sought: House
 Senate
 President
State: CA District: 40

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18001060
Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

400.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ciro D. Rodriguez for Congress

Mailing Address P.O. Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ciro D. Rodriguez

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18001061
Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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) Thoroughbred PAC <hr/> Mailing Address PO Box 65116 <hr/> City Washington State DC Zip Code 20035 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Thoroughbred PAC <hr/> 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: 18011892 Date of Disbursement 02 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Brady For Congress <hr/> Mailing Address P.O. Box 8277 <hr/> City The Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Kevin Patrick Brady <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18011899 Date of Disbursement 02 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress <hr/> Mailing Address P.O. Box 1 <hr/> City Lumberton State NC Zip Code 28359 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18011916 Date of Disbursement 02 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> Contribution	011 Category/ Type

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) Tiberi For Congress	Transaction ID: 18011960 Date of Disbursement 02 / 16 / 2010
	Mailing Address 2931 E Dublin Granville Road Suite 190	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43231	
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	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) Bill Shuster For Congress	Transaction ID: 18011963 Date of Disbursement 02 / 16 / 2010
	Mailing Address PO Box 27	Amount of Each Disbursement this Period 1500.00
	City Hollidaysburg State PA Zip Code 16648	
	Purpose of Disbursement Contribution Candidate Name Rep. William Franklin Shuster	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	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) Arcuri For Congress	Transaction ID: 18011985 Date of Disbursement 02 / 16 / 2010
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 1000.00
	City Utica State NY Zip Code 13505	
	Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Arcuri	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

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) Kurt Schrader For Congress Mailing Address PO Box 3314 Suite 240 City Oregon City State OR Zip Code 97045 Purpose of Disbursement Contribution Candidate Name Rep. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18012305 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Fort Collins State CO Zip Code 80521 Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18012310 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City Syracuse State NY Zip Code 13214 Purpose of Disbursement Contribution Candidate Name Rep. Daniel B. Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18012311 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0	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)

<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 Jane Harman

Mailing Address PO Box 96

City State Zip Code
Torrance CA 90507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jane Harman

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 36

Transaction ID: 18012312
Date of Disbursement

02 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Opportunity & Renewal Act (OR) PAC

Mailing Address 2236 SE 10th Avenue

City State Zip Code
Portland OR 97214

Purpose of Disbursement
2010 Contribution

Candidate Name
Opportunity & Renewal Act (OR) PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18083225
Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

2010 Contribution

C.

Full Name (Last, First, Middle Initial)
We the People PAC

Mailing Address PO Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
2010 Contribution

Candidate Name
We the People PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18083236
Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

2010 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

<p>A. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Category/Type 011</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: NV District:</p>	<p>Transaction ID: 18086140 Date of Disbursement: 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Committee</p> <p>Mailing Address PO Box 1631</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Elijah E. Cummings Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 07</p>	<p>Transaction ID: 18086147 Date of Disbursement: 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Markey For Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04</p>	<p>Transaction ID: 18086150 Date of Disbursement: 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18086281 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jo Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18086435 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>C. 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: 18086594 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT 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: 18086596</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT 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: 18086604</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Daniel K Inouye For U S Senate</p> <p>Mailing Address 1088 Bishop St Suite 1009</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Daniel K. Inouye</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18086606</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2700.00

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) Kirkpatrick For Arizona	Transaction ID: 18086696 Date of Disbursement 02 / 22 / 2010
	Mailing Address PO Box 993	
	City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

B.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona	Transaction ID: 18086698 Date of Disbursement 02 / 22 / 2010
	Mailing Address PO Box 993	
	City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

C.	Full Name (Last, First, Middle Initial) Paul Tonko For Congress	Transaction ID: 18086699 Date of Disbursement 02 / 22 / 2010
	Mailing Address 911 Central Avenue PO Box 221	
	City Albany State NY Zip Code 12206	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Paul David Tonko Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type 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)
Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18086700
Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement
2010 Contribution

Candidate Name
Democrats Win Seats PAC

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 18086701
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

2010 Contribution

C.

Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frederick Stephen Upton

011
Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18086703
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Contribution Candidate Name Mr. Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086704 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181-A Knight St City Warwick State RI Zip Code 02886 Purpose of Disbursement Contribution Candidate Name Rep. James R. Langevin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086706 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 Ne Holladay, #105 City Portland State OR Zip Code 97232 Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086707 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	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)

<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 Camp For Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086709 Date of Disbursement 02 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress <hr/> Mailing Address P.O. Box 1 <hr/> City Lumberton State NC Zip Code 28359 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086710 Date of Disbursement 02 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress <hr/> Mailing Address P.O. Box 1 <hr/> City Lumberton State NC Zip Code 28359 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086711 Date of Disbursement 02 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Contribution	011 Category/ Type

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)
Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven R. Rothman

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 09

Transaction ID: 18086712
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 03

Transaction ID: 18086713
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 03

Transaction ID: 18086715
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO 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: 18087118 Date of Disbursement: 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18087119 Date of Disbursement: 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18087470 Date of Disbursement: 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	68600.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

<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: 18086725

Date of Disbursement

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

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Amount of Each Disbursement this Period

88.53

Purpose of Disbursement

Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Merchant Fees

State: District:

SUBTOTAL of Disbursements This Page (optional)

88.53

TOTAL This Period (last page this line number only)

88.53