FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

Check if different than previously reported. (ACC)

Washington | DC | 20004 –

2. **FEC IDENTIFICATION NUMBER** — CITY — STATE — ZIPCODE

C00106146

3. IS THIS REPORT [X] 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)	[X] 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 12 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer: Ms. Melinda Hatton

Signature of Treasurer: Electronically Filed by Ms. Melinda Hatton — Date 01 28 2010

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

FE6AN026

FEC **Form 3X** (Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From: MM 12 DD 01 YYYY 2009 To: MM 12 DD 31 YYYY 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009 YYYY		1339674.06
(b) Cash on Hand at Begining 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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M 12 D D 01 Y Y Y Y 2009 To: M M 12 D D 31 Y Y Y Y 2009

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	874269.05
(ii) Unitemized	83428.09	407907.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	225973.54	1282176.07
(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	1282176.07
12. Transfers From Affiliated/Other Party Committees	53865.00	610075.00
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)

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	1282176.07
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	1281276.07
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: (check only one) PAGE 6 / 194

[X] 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): Mary Franco
Mailing Address: 684 Valley Rd
City: New Canaan State: CT Zip Code: 06840-3335
FEC ID number of contributing federal political committee: C
Name of Employer: Norwalk Hospital
Occupation: VP Public Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 01 / 2009
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: Waterbury State: CT Zip Code: 06706-1238
FEC ID number of contributing federal political committee: C
Name of Employer: Saint Mary's Hospital
Occupation: Vice President and Chief Financial Off
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 01 / 2009
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: Norwalk State: CT Zip Code: 06850-3815
FEC ID number of contributing federal political committee: C
Name of Employer: Norwalk Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 01 / 2009
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

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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: Montgomery State: AL Zip Code: 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: 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: Birmingham State: AL Zip Code: 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: 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: Montgomery State: AL Zip Code: 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: 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

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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: Montgomery State: AL Zip Code: 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: 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: Lineville State: AL Zip Code: 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: 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: Mobile State: AL Zip Code: 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: 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) .....

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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: Tallassee State: AL Zip Code: 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: 12 / 02 / 2009
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: Montgomery State: AL Zip Code: 36106-1825
FEC ID number of contributing federal political committee. C
Name of Employer: Alabama Hospital Association
Occupation: Vice President of Public Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 02 / 2009
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: Montgomery State: AL Zip Code: 36109-4625
FEC ID number of contributing federal political committee. C
Name of Employer: Alabama Hospital Association
Occupation: Chief Financial Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 02 / 2009
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) .....

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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: Decatur State: AL Zip Code: 35609-2239
FEC ID number of contributing federal political committee. C
Name of Employer: Decatur General Hospital
Occupation: Senior Vice President and Chief Operat
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 12 / 02 / 2009
Transaction ID: 17751377
Amount of Each Receipt this Period: 375.00

B.
Full Name (Last, First, Middle Initial)
Mr. Douglas A Duchak
Mailing Address 2 Witte Place
City: Mahwah State: NJ Zip Code: 07430-3157
FEC ID number of contributing federal political committee. C
Name of Employer: Englewood Hospital and Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
Transaction ID: 17753494
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mr. Robert P Wise
Mailing Address 2100 Wescott Drive
City: Flemington State: NJ Zip Code: 08822-4603
FEC ID number of contributing federal political committee. C
Name of Employer: Hunterdon Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
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

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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: Legacy Hospital Partners
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

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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: Atoka State: OK Zip Code: 74525-3298
FEC ID number of contributing federal political committee. C
Name of Employer: St. John Medical Center
Occupation: Hospital Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 04 / 2009
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: Tulsa State: OK Zip Code: 74104-5445
FEC ID number of contributing federal political committee. C
Name of Employer: St. John Medical Center
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 04 / 2009
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: Tulsa State: OK Zip Code: 74104-6502
FEC ID number of contributing federal political committee. C
Name of Employer: St. John Medical Center
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 04 / 2009
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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 PO Box 544
City: Okeene State: OK Zip Code: 73763-0544
FEC ID number of contributing federal political committee. C
Name of Employer: Okeene Municipal Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 229.00
Date of Receipt: 12 / 04 / 2009
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: Tulsa State: OK Zip Code: 74159-0753
FEC ID number of contributing federal political committee. C
Name of Employer: St. John Medical Center
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
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: Oklahoma City State: OK Zip Code: 73112-4481
FEC ID number of contributing federal political committee. C
Name of Employer: Integris Baptist Medical Center
Occupation: President and Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
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: (check only one) PAGE 14 / 194

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Mr. Michael Nunamaker
Mailing Address: 2220 West Iowa Avenue
City: Chickasha State: OK Zip Code: 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: 12 / 04 / 2009
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: Bartlesville State: OK Zip Code: 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: 12 / 04 / 2009
Transaction ID: 17754348
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Ms. Jane Craigin
Mailing Address: 1154 E. Boulevard
City: Pine Village State: IN Zip Code: 47975-8053
FEC ID number of contributing federal political committee: C
Name of Employer: St. Vincent Williamsport Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 03 / 2009
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

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[X] 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: 510 E. Lakewood Drive
City: Bloomington State: IN Zip Code: 47408-1084
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. Bradley Smith
Mailing Address: 1986 N. Ft. Wayne Road
City: Rushville State: IN Zip Code: 46173-7559
FEC ID number of contributing federal political committee: C
Name of Employer: Rush Memorial Hospital
Occupation: 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: (check only one) [X] 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. Sally Nan Barber
Mailing Address: P O Box 800809
City: Charlottesville State: VA Zip Code: 22908-0809
FEC ID number of contributing federal political committee: C
Name of Employer: University of Virginia Medical Center
Occupation: Special Advisor for State & Federal Re
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 03 / 2009
Transaction ID: 17754802
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): Mr Mark Beninghoff
Mailing Address: 209 S Braddock St
City: Winchester State: VA Zip Code: 22601-4042
FEC ID number of contributing federal political committee: C
Name of Employer: Valley Health System
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 03 / 2009
Transaction ID: 17754805
Amount of Each Receipt this Period: 350.00

C.
Full Name (Last, First, Middle Initial): Mr. Carl Biggs
Mailing Address: 2225 Aryness Drive
City: Vienna State: VA Zip Code: 22181-3047
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: 12 / 03 / 2009
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Mr Scott Burnett
Mailing Address: 512 Binford St
City: South Hill State: VA Zip Code: 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: 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: Lynchburg State: VA Zip Code: 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: 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: Centreville State: VA Zip Code: 20120-3755
FEC ID number of contributing federal political committee: C
Name of Employer: Mary Washington Hospital
Occupation: Vice President, Nursing
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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

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[ ] 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 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: 12 / 03 / 2009
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: 12 / 03 / 2009
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: 12 / 03 / 2009
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

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[ ] 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 Timothy Jennins
Mailing Address 4715 White Owl Cresent
City: Chesapeake State: VA Zip Code: 23321-1250
FEC ID number of contributing federal political committee. C
Name of Employer: Sentara Healthcare
Occupation: Vice President Pharmacy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 03 / 2009
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: Roanoke State: VA Zip Code: 24002-0025
FEC ID number of contributing federal political committee. C
Name of Employer: Carilion Clinic
Occupation: Vice President, Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 03 / 2009
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: Goodview State: VA Zip Code: 24095-2909
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: 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

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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: Christiansburg State: VA Zip Code: 24073-4299
FEC ID number of contributing federal political committee: C
Name of Employer: Carilion Clinic
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: 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: Winchester State: VA Zip Code: 22604-1338
FEC ID number of contributing federal political committee: C
Name of Employer: Valley Health System
Occupation: President & CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 03 / 2009
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: Roanoke State: VA Zip Code: 24033-3367
FEC ID number of contributing federal political committee: C
Name of Employer: Carilion Clinic
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: 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

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[ ] 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: Maurertown State: VA Zip Code: 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: Potomac State: MD Zip Code: 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: Roanoke State: VA Zip Code: 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

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[ ] 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. Roderick Williams
Mailing Address: 19434 Valleybrook Lane
City: Leesburg State: VA Zip Code: 20175-8988
FEC ID number of contributing federal political committee: C
Name of Employer: Inova Health System
Occupation: VP/ Community Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 03 / 2009
Transaction ID: 17792823
Amount of Each Receipt this Period: 350.00

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

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

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: (check only one) PAGE 23 / 194

[X] 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. Amy Adome
Mailing Address: 11702 Ravenscalw Lane 106
City: Fredericksburg State: VA Zip Code: 22407-3317
FEC ID number of contributing federal political committee: C
Name of Employer: Medicorp 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: 17795188
Amount of Each Receipt this Period: 350.00

B.
Full Name (Last, First, Middle Initial): Mr. Peter J. Bernard
Mailing Address: 5801 Bremo Road
City: Richmond State: VA Zip Code: 23226-1900
FEC ID number of contributing federal political committee: C
Name of Employer: Bon Secours-Richmond Community Hospita
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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: Fredericksburg State: VA Zip Code: 22408-2064
FEC ID number of contributing federal political committee: C
Name of Employer: Medicorp Health System
Occupation: Sr Medical Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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: (check only one)
[X] 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 M M 12 / D D 03 / Y Y Y Y 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 540 Jubal Early Hwy
City Wirtz State VA Zip Code 24184
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 M M 12 / D D 03 / Y Y Y Y 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 M M 12 / D D 03 / Y Y Y Y 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

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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: West Palm Beach State: FL Zip Code: 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: 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: Falls Church State: VA Zip Code: 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: 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: Fredericksburg State: VA Zip Code: 22408-1882
FEC ID number of contributing federal political committee. C
Name of Employer: Medicorp Health System
Occupation: Executive Vice President Human Resourc
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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

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[ ] 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. David Marshall
Mailing Address 1319 Walhni Street
City: Galveston State: TX Zip Code: 77554-6918
FEC ID number of contributing federal political committee. C
Name of Employer: Univ of Texas Med Branch Hosps
Occupation: Interim Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 520.00
Date of Receipt: 12 / 07 / 2009
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: Salem State: NH Zip Code: 03079-3925
FEC ID number of contributing federal political committee. C
Name of Employer: Northeast Rehabilitation Hospital
Occupation: Chief Executive Officer and Administra
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 07 / 2009
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: Decatur State: GA Zip Code: 30033-5918
FEC ID number of contributing federal political committee. C
Name of Employer: DeKalb Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
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

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[ ] 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. Chad R. Austin
Mailing Address 6518 SW 26th Court
City: Topeka State: KS Zip Code: 66614-4305
FEC ID number of contributing federal political committee. C
Name of Employer: Kansas Hospital Associati-on
Occupation: Vice President, Government Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.31
Date of Receipt: 12 / 04 / 2009
Transaction ID: 17796847
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Mr. Ronald L. Bender
Mailing Address 624 Liberty St.
City: Clay Center State: KS Zip Code: 67432-1527
FEC ID number of contributing federal political committee. C
Name of Employer: Clay County Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 262.50
Date of Receipt: 12 / 04 / 2009
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: Neodesha State: KS Zip Code: 66757-1570
FEC ID number of contributing federal political committee. C
Name of Employer: Wilson Medical Center
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 437.50
Date of Receipt: 12 / 04 / 2009
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

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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: Parsons State: KS Zip Code: 67357-1032
FEC ID number of contributing federal political committee. C
Name of Employer: Labette Health
Occupation: VP of Patient Services/CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 235.00
Date of Receipt: 12 / 04 / 2009
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: Wichita State: KS Zip Code: 67218-3002
FEC ID number of contributing federal political committee. C
Name of Employer: Via Christi Health System
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
Transaction ID: 17796857
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Mr. Michael A Dorsey
Mailing Address 26303 W 111th Terrace
City: Olathe State: KS Zip Code: 66061-8434
FEC ID number of contributing federal political committee. C
Name of Employer: Providence Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 04 / 2009
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

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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 510 E 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

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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
PO Box 1446
City: Coffeyville State: KS Zip Code: 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 1617 Crestway
City: Garden City State: KS Zip Code: 67846-6916
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 11408 Fontana Court
City: Leawood State: KS Zip Code: 66211-1344
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

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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: Overland Park State: KS Zip Code: 66209-3722
FEC ID number of contributing federal political committee. C
Name of Employer: Menorah Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 04 / 2009
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: Kinsley State: KS Zip Code: 67547-2329
FEC ID number of contributing federal political committee. C
Name of Employer: Edwards County Hospital and Healthcare
Occupation: Trustee
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 04 / 2009
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 1325 North Highland
City: Aurora State: IL Zip Code: 60506-1449
FEC ID number of contributing federal political committee. C
Name of Employer: Provena Mercy Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 / 09 / 2009
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) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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: Chicago State: IL Zip Code: 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: 12 / 09 / 2009
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: Chicago State: IL Zip Code: 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: 12 / 09 / 2009
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: Centralia State: IL Zip Code: 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: 12 / 09 / 2009
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

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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: Oak Lawn State: IL Zip Code: 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: 12 / 09 / 2009
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: Pontiac State: IL Zip Code: 61764-2194
FEC ID number of contributing federal political committee. C
Name of Employer: OSF Saint James - John W. Albrecht Med
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 12 / 09 / 2009
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: Dixon State: IL Zip Code: 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: 12 / 09 / 2009
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)
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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: Pittsfield State: IL Zip Code: 62363-1350
FEC ID number of contributing federal political committee. C
Name of Employer: Illini Community Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1400.00
Date of Receipt: 12 / 09 / 2009
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: Oak Brook State: IL Zip Code: 60523-1586
FEC ID number of contributing federal political committee. C
Name of Employer: Advocate Health Care
Occupation: Senior Vice President Information Syst
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 12 / 09 / 2009
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: Chicago State: IL Zip Code: 60610-3360
FEC ID number of contributing federal political committee. C
Name of Employer: Provena Health
Occupation: President & CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 / 09 / 2009
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Maryjane Wurth
Mailing Address 1151 East Warrenville Road
City: Naperville State: IL Zip Code: 60563-9339
FEC ID number of contributing federal political committee. C
Name of Employer: Illinois Hospital Association
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 12 / 09 / 2009
Transaction ID: 17802502
Amount of Each Receipt this Period: 1200.00

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

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

SUBTOTAL of Receipts This Page (optional) 1775.00

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

SCHEDULE A (FEC Form 3X)
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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: Enumclaw State: WA Zip Code: 98022-0307
FEC ID number of contributing federal political committee. C
Name of Employer: Franciscan Health System
Occupation: Trustee
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98121-1536
FEC ID number of contributing federal political committee. C
Name of Employer: Group Health Eastside Hospital
Occupation: Vice President, Public Affairs & Gover
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Bremerton State: WA Zip Code: 98310-4229
FEC ID number of contributing federal political committee. C
Name of Employer: Harrison Medical Center
Occupation: Vice President and Legal Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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

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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: Silverdale State: WA Zip Code: 98383-6306
FEC ID number of contributing federal political committee. C
Name of Employer: Harrison Medical Center
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Richland State: WA Zip Code: 99352-3542
FEC ID number of contributing federal political committee. C
Name of Employer: Kadlec Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98119-4198
FEC ID number of contributing federal political committee. C
Name of Employer: Kennewick General Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Dr George J Brown, , M.D.
Mailing Address P O Box 5299
City Tacoma State WA Zip Code 98415-0299
FEC ID number of contributing federal political committee. C
Name of Employer MultiCare Health System
Occupation Vice President Acute Care Service and
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 250.00
Date of Receipt 12 / 10 / 2009
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 Vancouver State WA Zip Code 98686-2742
FEC ID number of contributing federal political committee. C
Name of Employer Legacy Salmon Creek Hospital
Occupation Board Member
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 250.00
Date of Receipt 12 / 10 / 2009
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 Newport State WA Zip Code 99156-9046
FEC ID number of contributing federal political committee. C
Name of Employer Newport Hospital and Health Services
Occupation Chief Executive Officer and Superinten
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 375.00
Date of Receipt 12 / 10 / 2009
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

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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: (check only one)
[X] 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 Spokane State WA Zip Code 99208-1224
FEC ID number of contributing federal political committee. C
Name of Employer Holy Family Hospital
Occupation President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 350.00
Date of Receipt 12 / 10 / 2009
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 Olympia State WA Zip Code 98502-3277
FEC ID number of contributing federal political committee. C
Name of Employer Providence Health System
Occupation Regional CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 250.00
Date of Receipt 12 / 10 / 2009
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 Everett State WA Zip Code 98201-1665
FEC ID number of contributing federal political committee. C
Name of Employer Providence Everett Medical Center - Co
Occupation Chief Operations & Strategy Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 250.00
Date of Receipt 12 / 10 / 2009
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: (check only one) [X] 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 Groodt
Mailing Address: 506 Second Avenue, Suite 1200
City: Seattle State: WA Zip Code: 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: 12 / 10 / 2009
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: Everett State: WA Zip Code: 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: 12 / 10 / 2009
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: Camano Island State: WA Zip Code: 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: 12 / 10 / 2009
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: (check only one) PAGE 42 / 194

[X] 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. Elaine Couture
Mailing Address 101 West Eighth Avenue
City: Spokane State: WA Zip Code: 99204-2307
FEC ID number of contributing federal political committee. C
Name of Employer: Sacred Heart Medical Center
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 10 / 2009
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: Spokane State: WA Zip Code: 99204-2307
FEC ID number of contributing federal political committee. C
Name of Employer: Sacred Heart Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Bethesda State: MD Zip Code: 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: 12 / 10 / 2009
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: (check only one)
[X] 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: Spokane State: WA Zip Code: 99204-2307
FEC ID number of contributing federal political committee. C
Name of Employer: Sacred Heart Medical Center
Occupation: Chief Medical Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Spokane State: WA Zip Code: 99208-9010
FEC ID number of contributing federal political committee. C
Name of Employer: Sacred Heart Medical Center
Occupation: Vice President- Systems Development
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
Transaction ID: 17804196
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Ms. Medrice Coluccio
Mailing Address P O Box 3002
City: Longview State: WA Zip Code: 98632-0302
FEC ID number of contributing federal political committee. C
Name of Employer: St. John Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: (check only one)
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[ ] 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 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
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

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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: Seattle State: WA Zip Code: 98119-4198
FEC ID number of contributing federal political committee. C
Name of Employer: Southwest Washington Medical Center
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98122-4379
FEC ID number of contributing federal political committee. C
Name of Employer: Swedish Health Services
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98122-4379
FEC ID number of contributing federal political committee. C
Name of Employer: Swedish Health Services
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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

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[ ] 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. Henry Turner
Mailing Address 1654 103rd S.E.
City: Bellevue State: WA Zip Code: 98004-7001
FEC ID number of contributing federal political committee. C
Name of Employer: Swedish Health Services
Occupation: Chairman
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98101-2756
FEC ID number of contributing federal political committee. C
Name of Employer: Virginia Mason Medical Ce-nter
Occupation: Medical Director of Quality
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98101-2756
FEC ID number of contributing federal political committee. C
Name of Employer: Virginia Mason Medical Ce-nter
Occupation: Chief Medical Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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

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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: Seattle State: WA Zip Code: 98101-2756
FEC ID number of contributing federal political committee. C
Name of Employer: Virginia Mason Medical Center
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Seattle State: WA Zip Code: 98168-9981
FEC ID number of contributing federal political committee. C
Name of Employer: Regional Hospital for Respiratory and
Occupation: Administrator and Chief Executive Offi
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Yakima State: WA Zip Code: 98902-4073
FEC ID number of contributing federal political committee. C
Name of Employer: Yakima Valley Memorial Hospital
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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

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FOR LINE NUMBER: (check only one) PAGE 48 / 194

[X] 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 Jack Evans
Mailing Address: 1201 South Miller Street
City: Wenatchee State: WA Zip Code: 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: Republic State: WA Zip Code: 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: Federal Way State: WA Zip Code: 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

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[ ] 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: Seattle State: WA Zip Code: 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 125nd Avenue Northeast
City: Redmond State: WA Zip Code: 98052
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: Bremerton State: WA Zip Code: 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

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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: Bremerton State: WA Zip Code: 98310-4229
FEC ID number of contributing federal political committee. C
Name of Employer: Harrison Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 10 / 2009
Transaction ID: 17804219
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Ms. Diane Cecchettini, RN, MS
Mailing Address 12709 54th Avenue, NW
City: Gig Harbor State: WA Zip Code: 98332-8853
FEC ID number of contributing federal political committee. C
Name of Employer: MultiCare Health System
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: 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: Bellevue State: WA Zip Code: 98007-6493
FEC ID number of contributing federal political committee. C
Name of Employer: PeaceHealth
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 12 / 10 / 2009
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: (check only one)
[X] 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 Fletcher
Mailing Address 506 Second Avenue
Suite 1200
City: Seattle State: WA Zip Code: 98104-2343
FEC ID number of contributing federal political committee. C
Name of Employer: Providence Health & Servi-ces
Occupation: Vice President&Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 98104-2329
FEC ID number of contributing federal political committee. C
Name of Employer: Providence Health & Servi-ces
Occupation: Vice President and Chief Regional Oper
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 10 / 2009
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: Everett State: WA Zip Code: 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: 12 / 10 / 2009
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: (check only one) PAGE 52 / 194

[X] 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: 3312 Watts Lake Road
City: Valley State: WA Zip Code: 99181-9777
FEC ID number of contributing federal political committee: C
Name of Employer: St. Joseph Hospital
Occupation: Interim Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 12 / 10 / 2009
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: Vancouver State: WA Zip Code: 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: 12 / 10 / 2009
Transaction ID: 17804227
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Mr. Jon D Smiley
Mailing Address: Sunnyside Community Hospital PO Box 719
City: Sunnyside State: WA Zip Code: 98944
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: 12 / 10 / 2009
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

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[ ] 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: Seattle State: WA Zip Code: 98122-4379
FEC ID number of contributing federal political committee. C
Name of Employer: Swedish Health Services
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: 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: Seattle State: WA Zip Code: 98122-4307
FEC ID number of contributing federal political committee. C
Name of Employer: Swedish Health Services
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 10 / 2009
Transaction ID: 17805109
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mr. Marcel C Loh
Mailing Address 500 17th Avenue
City: Seattle State: WA Zip Code: 98124-5711
FEC ID number of contributing federal political committee. C
Name of Employer: Swedish Medical Center-Ch-erry Hill Cam
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 10 / 2009
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

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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: Seattle State: WA Zip Code: 98101-2799
FEC ID number of contributing federal political committee. C
Name of Employer: Virginia Mason Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Seattle State: WA Zip Code: 98101-2756
FEC ID number of contributing federal political committee. C
Name of Employer: Virginia Mason Medical Center
Occupation: Executive VP/Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Seattle State: WA Zip Code: 98119-4198
FEC ID number of contributing federal political committee. C
Name of Employer: Washington State Hospital Association
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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

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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: Sequim State: WA Zip Code: 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: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 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: 12 / 10 / 2009
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: Seattle State: WA Zip Code: 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: 12 / 10 / 2009
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

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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: Yakima State: WA Zip Code: 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: 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: Yakima State: WA Zip Code: 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: 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
Mailing Address 2110 Royal Dominion Ct
City: Arlington State: TX Zip Code: 76006-4836
FEC ID number of contributing federal political committee. C
Name of Employer: Texas Health Arlington Memorial Hospit
Occupation: Nurse Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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

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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 Startegy
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

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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: Georgetown State: OH Zip Code: 45121-1407
FEC ID number of contributing federal political committee. C
Name of Employer: Brown County General Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 12 / 11 / 2009
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: 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 Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 11 / 2009
Transaction ID: 17806504
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Mr. Michael L. Fordyce
Mailing Address 1999 Broadway Suite 2605
City: Denver State: CO Zip Code: 80202-3025
FEC ID number of contributing federal political committee. C
Name of Employer: Craig Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 11 / 2009
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

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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
City | State | Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer
Exempla Healthcare, Inc. (former)
Occupation
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 11 / 2009
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: Fort Collins | State: CO | Zip Code: 80528-8877
FEC ID number of contributing federal political committee. C
Name of Employer
Colorado Hospital Association
Occupation
Vice President of Government Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 11 / 2009
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: Rifle | State: CO | Zip Code: 81650-0912
FEC ID number of contributing federal political committee. C
Name of Employer
Grand River Hospital District
Occupation
Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 11 / 2009
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

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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: 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: 500.00
Date of Receipt: 12 / 14 / 2009
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: Bremerton State: WA Zip Code: 98310-4229
FEC ID number of contributing federal political committee. C
Name of Employer: Harrison Medical Center
Occupation: Board Member
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: New Haven State: CT Zip Code: 06519-1304
FEC ID number of contributing federal political committee. C
Name of Employer: Yale New Haven Health System
Occupation: Senior Vice President Medical Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 15 / 2009
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

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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: Middlebury State: CT Zip Code: 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: 12 / 15 / 2009
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: Grenada State: MS Zip Code: 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: 12 / 11 / 2009
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: Madison State: MS Zip Code: 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: 12 / 11 / 2009
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

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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: Southaven State: MS Zip Code: 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: Madison State: MS Zip Code: 39130-1909
FEC ID number of contributing federal political committee. C
Name of Employer: Mississippi Hospital Association
Occupation: Director of Data Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 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: Jackson State: MS Zip Code: 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

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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, , CHE
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

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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: Madison State: MS Zip Code: 39110-4522
FEC ID number of contributing federal political committee. C
Name of Employer: Mississippi Hospital Association
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 380.00
Date of Receipt: 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: Brandon State: MS Zip Code: 39047-7327
FEC ID number of contributing federal political committee. C
Name of Employer: Mississippi Baptist Medical Center
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Middlebury State: VT Zip Code: 05753-8423
FEC ID number of contributing federal political committee. C
Name of Employer: Porter Medical Center
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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

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[X] 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 C Lord
Mailing Address 222 Berkeley St
City: Boston State: MA Zip Code: 02116-3748
FEC ID number of contributing federal political committee. C
Name of Employer: Massachusetts Hospital Association
Occupation: Trustee
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 16 / 2009
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: Manasquan State: NJ Zip Code: 8736
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Chief Information Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 245.00
Date of Receipt: 12 / 18 / 2009
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: Alexandria State: VA Zip Code: 22301-2743
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Director, Federal Legislative Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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) for each category of the Detailed Summary Page

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[ ] 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: 7039
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Vice President Continuing Care Service
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 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: (check only one) PAGE 67 / 194

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[ ] 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. Sean J. Hopkins
Mailing Address 6180 Lower Mountain Road
City: New Hope State: PA Zip Code: 18938-5760
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Sr. VP., Health Economics
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 370.04
Date of Receipt: 12 / 18 / 2009
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: Pennington State: NJ Zip Code: 8534
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 12 / 18 / 2009
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: Malvern State: PA Zip Code: 19355
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Chief Financial Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.00
Date of Receipt: 12 / 18 / 2009
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

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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: Shamong State: NJ Zip Code: 08088-8596
FEC ID number of contributing federal political committee: C
Name of Employer: Virtua Health
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 18 / 2009
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: Howell State: NJ Zip Code: 7731
FEC ID number of contributing federal political committee: C
Name of Employer: New Jersey Hospital Association
Occupation: VP Health Economics
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 245.00
Date of Receipt: 12 / 18 / 2009
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: Hackettstown State: NJ Zip Code: 07840-1919
FEC ID number of contributing federal political committee: C
Name of Employer: East Orange General Hospital
Occupation: President & CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 12 / 18 / 2009
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

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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 Corporat-ion
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 2543 Mt. Baker Highway
City: Bellingham State: WA Zip Code: 98226-9566
FEC ID number of contributing federal political committee. C
Name of Employer: St. Joseph Hospital
Occupation: Chief Executive Officer
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 Hospi-tal
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

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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: Seattle State: WA Zip Code: 98101-2756
FEC ID number of contributing federal political committee. C
Name of Employer: Virginia Mason Medical Center
Occupation: Senior VP, CFO, CIO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 10 / 2009
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: Saint Paul State: MN Zip Code: 55114-1052
FEC ID number of contributing federal political committee. C
Name of Employer: Minnesota Hospital Association
Occupation: Vice Pres, Regulatory/Strategic Affair
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.98
Date of Receipt: 12 / 18 / 2009
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: Saint Paul State: MN Zip Code: 55114-1052
FEC ID number of contributing federal political committee. C
Name of Employer: Minnesota Hospital Association
Occupation: Director, Federal Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 312.49
Date of Receipt: 12 / 18 / 2009
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

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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: Saint Paul State: MN Zip Code: 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: 12 / 18 / 2009
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: Saint Paul State: MN Zip Code: 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: 12 / 18 / 2009
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: Saint Paul State: MN Zip Code: 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: 12 / 18 / 2009
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Peggy Westby
Mailing Address 2550 University Avenue W.
Suite 350-S
City: Saint Paul State: MN Zip Code: 55114-1052
FEC ID number of contributing federal political committee. C
Name of Employer: Minnesota Hospital Association
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 12 / 18 / 2009
Transaction ID: 17821548
Amount of Each Receipt this Period: 57.69

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Kenneth E. Alexander
Mailing Address 9521 Brookline Avenue
City: Baton Rouge State: LA Zip Code: 70809-1431
FEC ID number of contributing federal political committee. C
Name of Employer: Louisiana Hospital Association
Occupation: VP, Quality and Regulatory Activities
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
Transaction ID: 17825893
Amount of Each Receipt this Period: 500.00

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

C.
Full Name (Last, First, Middle Initial)
Mr. James K Elrod
Mailing Address 2600 Greenwood Road
City: Shreveport State: LA Zip Code: 71130-2600
FEC ID number of contributing federal political committee. C
Name of Employer: Willis-Knighton Health System
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
Transaction ID: 17825895
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

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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 Natchitoches State LA Zip Code 71457-2009
FEC ID number of contributing federal political committee. C
Name of Employer Natchitoches Regional Medical Center
Occupation Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 12 / 18 / 2009
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 Baton Rouge State LA Zip Code 70809-1431
FEC ID number of contributing federal political committee. C
Name of Employer Louisiana Hospital Association
Occupation Senior VP &CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 12 / 18 / 2009
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 Coushatta State LA Zip Code 71019-9022
FEC ID number of contributing federal political committee. C
Name of Employer CHRISTUS Coushatta Health Care Center
Occupation Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 12 / 18 / 2009
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

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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: New Orleans State: LA Zip Code: 70115-3515
FEC ID number of contributing federal political committee. C
Name of Employer: Touro Infirmary
Occupation: President & Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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: Houma State: LA Zip Code: 70361-6037
FEC ID number of contributing federal political committee. C
Name of Employer: Terrebonne General Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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: Metairie State: LA Zip Code: 70006-2970
FEC ID number of contributing federal political committee. C
Name of Employer: East Jefferson General Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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

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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: New Orleans State: LA Zip Code: 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: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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: Baton Rouge State: LA Zip Code: 70809-1431
FEC ID number of contributing federal political committee. C
Name of Employer: Louisiana Hospital Association
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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: Baton Rouge State: LA Zip Code: 70809-1431
FEC ID number of contributing federal political committee. C
Name of Employer: Louisiana Hospital Association
Occupation: Director of Healthcare Reimbursement
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 12 / 18 / 2009
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

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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 9516 San Fernando Ct.
City: Howey In The Hills State: FL Zip Code: 34737-5005
FEC ID number of contributing federal political committee. C
Name of Employer: St. Francis Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 18 / 2009
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: Baton Rouge State: LA Zip Code: 70801-1700
FEC ID number of contributing federal political committee. C
Name of Employer: Breazeale Sachse & Wilson, LLP
Occupation: Attorney
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2009
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: Marrero State: LA Zip Code: 70072-3147
FEC ID number of contributing federal political committee. C
Name of Employer: West Jefferson Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 18 / 2009
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

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[X] 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 Zachary Smith
Mailing Address 3600 Florida Street
City: Baton Rouge State: LA Zip Code: 70806-3889
FEC ID number of contributing federal political committee. C
Name of Employer: Baton Rouge General Medical Center
Occupation: Director Radiology
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 18 / 2009
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: Hammond State: LA Zip Code: 70404-2668
FEC ID number of contributing federal political committee. C
Name of Employer: North Oaks Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 18 / 2009
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: Shreveport State: LA Zip Code: 71115-2302
FEC ID number of contributing federal political committee. C
Name of Employer: Willis-Knighton Pierremont Health Cent
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 18 / 2009
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: (check only one)
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[ ] 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: Baton Rouge State: LA Zip Code: 70816-8359
FEC ID number of contributing federal political committee. C
Name of Employer: HSLI
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Metairie State: LA Zip Code: 70006-2970
FEC ID number of contributing federal political committee. C
Name of Employer: East Jefferson General Hospital
Occupation: Executive VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Shreveport State: LA Zip Code: 71130-3932
FEC ID number of contributing federal political committee. C
Name of Employer: LSU Medical Center-University Hospital
Occupation: Associate Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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

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[ ] 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 2520 North University Avenue
City: Lafayette State: LA Zip Code: 70507-5306
FEC ID number of contributing federal political committee. C
Name of Employer: Acadia Vermilion Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 18 / 2009
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: Baton Rouge State: LA Zip Code: 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: 12 / 18 / 2009
Transaction ID: 17825947
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Mr. John C Neal
Mailing Address 108 North Sixth Avenue
City: Kinder State: LA Zip Code: 70648-3519
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: 12 / 18 / 2009
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

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[ ] 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. Michael O'Bryan, , M.D.
Mailing Address 2500 Belle Chase Highway
City: Terrytown State: LA Zip Code: 70056-7127
FEC ID number of contributing federal political committee. C
Name of Employer: Ochsner Medical Center - West Bank
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 18 / 2009
Transaction ID: 17825964
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick Quinlan, , MD, MHA
Mailing Address 1514 Jefferson Highway
City: New Orleans State: LA Zip Code: 70121-2484
FEC ID number of contributing federal political committee. C
Name of Employer: Ochsner Health System
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 18 / 2009
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: Lake Charles State: LA Zip Code: 70601-8911
FEC ID number of contributing federal political committee. C
Name of Employer: Lake Charles Memorial Hospital
Occupation: Vice President of Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 12 / 18 / 2009
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) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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: Lake Charles State: LA Zip Code: 70601-8911
FEC ID number of contributing federal political committee. C
Name of Employer: Lake Charles Memorial Hospital
Occupation: SeniorVP-Philanthropy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 12 / 18 / 2009
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: Enterprise State: AL Zip Code: 36330-2510
FEC ID number of contributing federal political committee. C
Name of Employer: Medical Center Enterprise
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 22 / 2009
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: Sheffield State: AL Zip Code: 35660-0610
FEC ID number of contributing federal political committee. C
Name of Employer: Helen Keller Hospital
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 22 / 2009
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

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[ ] 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: Gadsden State: AL Zip Code: 35901-5399
FEC ID number of contributing federal political committee. C
Name of Employer: Riverview Regional Medical Center
Occupation: Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 22 / 2009
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: Dothan State: AL Zip Code: 36302-6987
FEC ID number of contributing federal political committee. C
Name of Employer: Southeast Alabama Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 22 / 2009
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 Blvd. East
City: Tuscaloosa State: AL Zip Code: 35401
FEC ID number of contributing federal political committee. C
Name of Employer: DCH Health System
Occupation: Director, Community Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 430.00
Date of Receipt: 12 / 22 / 2009
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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[ ] 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: Muscle Shoals State: AL Zip Code: 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: 12 / 23 / 2009
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: Guntersville State: AL Zip Code: 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: 12 / 23 / 2009
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 Herrrick Street
City: Beverly State: MA Zip Code: 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: 12 / 22 / 2009
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

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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: Southbridge State: MA Zip Code: 01550-4051
FEC ID number of contributing federal political committee. C
Name of Employer: Harrington Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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: Manasquan State: NJ Zip Code: 8736
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Chief Information Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Alexandria State: VA Zip Code: 22301-2743
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Director, Federal Legislative Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 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

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[X] 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: 7039
FEC ID number of contributing federal political committee: C
Name of Employer: New Jersey Hospital Association
Occupation: Vice President Continuing Care Service
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 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: 18938-5760
FEC ID number of contributing federal political committee: C
Name of Employer: New Jersey Hospital Association
Occupation: Sr. VP., Health Economics
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 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

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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: Pennington State: NJ Zip Code: 8534
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 380.00
Date of Receipt: 12 / 24 / 2009
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: Delran State: NJ Zip Code: 08075-2217
FEC ID number of contributing federal political committee. C
Name of Employer: Virtua Health
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 24 / 2009
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: Malvern State: PA Zip Code: 19355
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: Chief Financial Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 870.00
Date of Receipt: 12 / 24 / 2009
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

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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: Howell State: NJ Zip Code: 7731
FEC ID number of contributing federal political committee. C
Name of Employer: New Jersey Hospital Association
Occupation: VP Health Economics
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 24 / 2009
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: Berlin State: NJ Zip Code: 08009-9550
FEC ID number of contributing federal political committee. C
Name of Employer: South Jersey Healthcare
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 24 / 2009
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: Silverton State: OR Zip Code: 97381-1917
FEC ID number of contributing federal political committee. C
Name of Employer: Silverton Hospital
Occupation: Administrative Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 22 / 2009
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

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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: Salem State: OR Zip Code: 97302-9712
FEC ID number of contributing federal political committee. C
Name of Employer: Salem Hospital
Occupation: Chief Medical Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 22 / 2009
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 Pl
City: Portland State: OR Zip Code: 97229-6777
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Health System
Occupation: President/CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17827058
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Mr. Russ Reinhard
Mailing Address 34514 S Elliott Road
City: Woodburn State: OR Zip Code: 97071-8702
FEC ID number of contributing federal political committee. C
Name of Employer: Willamette Falls Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 22 / 2009
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

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[ ] 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 Janke, , FACHE
Mailing Address 1-12 NW Washington Blve
City: Grants Pass State: OR Zip Code: 97526
FEC ID number of contributing federal political committee. C
Name of Employer: Bay Area Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 22 / 2009
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: Gresham State: OR Zip Code: 97080-9658
FEC ID number of contributing federal political committee. C
Name of Employer: Adventist Medical Center
Occupation: VP Business Development
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17827070
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Mr. Peter F Rapp
Mailing Address 2828 NW Cumberland Road
City: Portland State: OR Zip Code: 97201-3098
FEC ID number of contributing federal political committee. C
Name of Employer: OHSU Hospital
Occupation: Vice President and Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 22 / 2009
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr Trent Green
Mailing Address 2211 Northeast 139th Street
City: Vancouver State: WA Zip Code: 98686-2742
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Health System
Occupation: Senior VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17827072
Amount of Each Receipt this Period: 175.00

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Gibson
Mailing Address 1000 NE Greenleaf Road
City: Portland State: OR Zip Code: 97229
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Health System
Occupation: Senior VP & Chief Information Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17827073
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Ms. Pamela S Vukovich
Mailing Address 1919 NW Lovejoy Street
City: Portland State: OR Zip Code: 97209-1503
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Health System
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: 17827080
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **675.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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: Tigard State: OR Zip Code: 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: 12 / 22 / 2009
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: Portland State: OR Zip Code: 97210-1232
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Health System
Occupation: Chief of Opthalmology
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 22 / 2009
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: Pendleton State: OR Zip Code: 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: 12 / 22 / 2009
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

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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: West Linn State: OR Zip Code: 97068-4804
FEC ID number of contributing federal political committee. C
Name of Employer: Providence St. Vincent Medical Center
Occupation: Sr. Vice President/CEO-Oregon Region
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 22 / 2009
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: Damascus State: OR Zip Code: 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: 12 / 22 / 2009
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: Roseburg State: OR Zip Code: 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: 12 / 22 / 2009
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

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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: Klamath Falls State: OR Zip Code: 97601-1106
FEC ID number of contributing federal political committee. C
Name of Employer: Sky Lakes Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 425.00
Date of Receipt: 12 / 22 / 2009
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: Hazel Crest State: IL Zip Code: 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: 12 / 28 / 2009
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: Boston State: MA Zip Code: 02215-5400
FEC ID number of contributing federal political committee. C
Name of Employer: Lawrence General Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 28 / 2009
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)
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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

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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: 12 / 28 / 2009
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: 12 / 28 / 2009
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 and Administra
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
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)
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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: Orange City State: FL Zip Code: 32763-8468
FEC ID number of contributing federal political committee. C
Name of Employer: Florida Hospital Fish Memorial
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 740.00
Date of Receipt: 12 / 28 / 2009
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: Tallahassee State: FL Zip Code: 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: 12 / 28 / 2009
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: Fernandina Beach State: FL Zip Code: 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: 12 / 28 / 2009
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

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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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Christopher R Mosley
Mailing Address P O Box 2028
City: Chesapeake State: VA Zip Code: 23327-2028
FEC ID number of contributing federal political committee. C
Name of Employer: Chesapeake General Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17833161
Amount of Each Receipt this Period: 350.00

B.
Full Name (Last, First, Middle Initial)
Mr. Alfred E. Pilong, Jr.
Mailing Address 1840 Amherst Street
City: Winchester State: VA Zip Code: 22601-2808
FEC ID number of contributing federal political committee. C
Name of Employer: Valley Health System
Occupation: President, Winchester Medical Center
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17833164
Amount of Each Receipt this Period: 350.00

C.
Full Name (Last, First, Middle Initial)
Ms. Patricia L. Robertson
Mailing Address 205 Oxford Circle West
City: Richmond State: VA Zip Code: 23221-3250
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: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 22 / 2009
Transaction ID: 17833165
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

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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 Roanoke State VA Zip Code 24033-3367
FEC ID number of contributing federal political committee. C
Name of Employer Carilion Medical Center
Occupation Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 350.00
Date of Receipt 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 Granville State OH Zip Code 43023-1428
FEC ID number of contributing federal political committee. C
Name of Employer Ohio Hospital Association
Occupation Senior Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 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 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 500.00
Date of Receipt 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

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FOR LINE NUMBER: (check only one) PAGE 102 / 194

[X] 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: Columbus State: OH Zip Code: 43235-1733
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio Hospital Association
Occupation: President & Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 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: Dublin State: OH Zip Code: 43017-1370
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio Hospital Association
Occupation: Sr. Dir. Data Services & V.P. REF
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: 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: 500.00
Date of Receipt: 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: (check only one)
[X] 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: Columbus State: OH Zip Code: 43215-3609
FEC ID number of contributing federal political committee. C
Name of Employer: Ohio Hospital Association
Occupation: Vice President & General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: 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: 500.00
Date of Receipt: 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: Springfield State: OH Zip Code: 45502-8800
FEC ID number of contributing federal political committee. C
Name of Employer: Ohio Hospital Association
Occupation: Vice President, Member Development
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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

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[ ] 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. BJ Swanson
Mailing Address 1121 Lamb Road
City: Troy State: ID Zip Code: 83871-9619
FEC ID number of contributing federal political committee. C
Name of Employer: Gritman Medical Center
Occupation: Trustee
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 308.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833634
Amount of Each Receipt this Period: 133.00

B.
Full Name (Last, First, Middle Initial)
Mr. Carl Hanson
Mailing Address 1224 Eighth Street
City: Rupert State: ID Zip Code: 83350-1527
FEC ID number of contributing federal political committee. C
Name of Employer: Minidoka Memorial Hospital and Extende
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 472.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833635
Amount of Each Receipt this Period: 452.00

C.
Full Name (Last, First, Middle Initial)
Mr. Jeffrey W Martin
Mailing Address 700 South Main Street
City: Moscow State: ID Zip Code: 83843-3056
FEC ID number of contributing federal political committee. C
Name of Employer: Gritman Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 593.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833646
Amount of Each Receipt this Period: 93.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **678.00**

TOTAL This Period (last page this line 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)
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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: Coeur D Alene State: ID Zip Code: 83814-2611
FEC ID number of contributing federal political committee. C
Name of Employer: Kootenai Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 613.00
Date of Receipt: 12 / 28 / 2009
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: Blackfoot State: ID Zip Code: 83221-1531
FEC ID number of contributing federal political committee. C
Name of Employer: Bingham Memorial Hospital
Occupation: Trustee
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 392.00
Date of Receipt: 12 / 28 / 2009
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: Boise State: ID Zip Code: 83701-1100
FEC ID number of contributing federal political committee. C
Name of Employer: Idaho Elks Rehabilitation Hospital
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.00
Date of Receipt: 12 / 28 / 2009
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

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[ ] 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. Judy Van Komen
Mailing Address PO Box 981
City McCall State ID Zip Code 83638-0981
FEC ID number of contributing federal political committee. C
Name of Employer McCall Memorial Hospital
Occupation Auxillian
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 226.00
Date of Receipt 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 Rexburg State ID Zip Code 83440-5085
FEC ID number of contributing federal political committee. C
Name of Employer Madison Memorial Hospital
Occupation Hospital Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 226.00
Date of Receipt 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 Weiser State ID Zip Code 83672-2202
FEC ID number of contributing federal political committee. C
Name of Employer Weiser Memorial Hospital
Occupation Chair, Board of Trustees
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 363.00
Date of Receipt 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

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[ ] 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

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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: Lake Fork State: ID Zip Code: 83635-0102
FEC ID number of contributing federal political committee. C
Name of Employer: McCall Memorial Hospital
Occupation: Director, Plant & Grounds
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 226.00
Date of Receipt: 12 / 28 / 2009
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: Arlington Heights State: IL Zip Code: 60004-4451
FEC ID number of contributing federal political committee. C
Name of Employer: Advocate Health Care
Occupation: Chief Development Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
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: Burr Ridge State: IL Zip Code: 60527-8014
FEC ID number of contributing federal political committee. C
Name of Employer: Advocate Christ Medical Center
Occupation: Director, Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 370.00
Date of Receipt: 12 / 28 / 2009
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Mr Robert Christie
Mailing Address: 240 East Ontario Street, Suite 500
City: Chicago State: IL Zip Code: 60611-3223
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Memorial Hospital
Occupation: VP, Government and Legislative Relatio
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833689
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Ms. Michelle Janney
Mailing Address: 1620 Meadow Lane
City: Glenview State: IL Zip Code: 60025-2350
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Memorial Hospital
Occupation: Sr. VP/Chief Nurse Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833691
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Mr. Dean M Harrison
Mailing Address: 251 East Huron Street
City: Chicago State: IL Zip Code: 60611-2908
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833693
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

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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: Quincy State: IL Zip Code: 62301-6380
FEC ID number of contributing federal political committee. C
Name of Employer: Blessing Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1550.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833697
Amount of Each Receipt this Period: 350.00

B.
Full Name (Last, First, Middle Initial)
Mr. Brad Copple
Mailing Address 626 Bethany Rd
City: Dekalb State: IL Zip Code: 60115-4939
FEC ID number of contributing federal political committee. C
Name of Employer: Kishwaukee Community Hospital
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
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: Wilmette State: IL Zip Code: 60091-1011
FEC ID number of contributing federal political committee. C
Name of Employer: Northwestern Memorial Hospital
Occupation: Vice President, Operations and Quality
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
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

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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: Oak Park State: IL Zip Code: 60302-1706
FEC ID number of contributing federal political committee. C
Name of Employer: Illinois Hospital Association
Occupation: Sr. VP, General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 937.55
Date of Receipt: 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 934 Center Street
City: Elgin State: IL Zip Code: 60120-2198
FEC ID number of contributing federal political committee. C
Name of Employer: Sherman Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 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: Chicago State: IL Zip Code: 60614-3394
FEC ID number of contributing federal political committee. C
Name of Employer: Children's Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Mr. Peter McCanna
Mailing Address: 2025 Schiller
City: Wilmette State: IL Zip Code: 60091-2323
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Memorial Hospital
Occupation: Senior Vice President and Chief Financ
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833710
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Mr. Dennis Murphy
Mailing Address: 48 Royal Vale Drive
City: Oak Brook State: IL Zip Code: 60523-1643
FEC ID number of contributing federal political committee: C
Name of Employer: Northwestern Memorial Hospital
Occupation: Director, Medical Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833712
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Ms Paula Noble
Mailing Address: 2300 Children's Plaza
City: Chicago State: IL Zip Code: 60614-3394
FEC ID number of contributing federal political committee: C
Name of Employer: Children's Memorial Hospital
Occupation: Chief Financial Officer and Treasurer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
Transaction ID: 17833715
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 113 / 194

[X] 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. Kevin P Poorten
Mailing Address: P O Box 707
City: Dekalb State: IL Zip Code: 60115-0707
FEC ID number of contributing federal political committee: C
Name of Employer: Kish Health System
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 28 / 2009
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: Mena State: AR Zip Code: 71953-2516
FEC ID number of contributing federal political committee: C
Name of Employer: Mena Regional Health System
Occupation: President & CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 227.50
Date of Receipt: 12 / 29 / 2009
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: Mountain Home State: AR Zip Code: 72653-2955
FEC ID number of contributing federal political committee: C
Name of Employer: Baxter Regional Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 325.00
Date of Receipt: 12 / 29 / 2009
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

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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: North Little Rock State: AR Zip Code: 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 D
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 227.50
Date of Receipt: 12 / 29 / 2009
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 P O Box 400
City: Crossett State: AR Zip Code: 71635-0400
FEC ID number of contributing federal political committee. C
Name of Employer: Ashley County Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 227.50
Date of Receipt: 12 / 29 / 2009
Transaction ID: 17833733
Amount of Each Receipt this Period: 227.50

C.
Full Name (Last, First, Middle Initial)
Mr. John R Tucker
Mailing Address 2001 Rosewood
City: Fordyce State: AR Zip Code: 71742-1820
FEC ID number of contributing federal political committee. C
Name of Employer: Five Rivers Medical Center
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 227.50
Date of Receipt: 12 / 29 / 2009
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

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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: 12 / 29 / 2009
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: 12 / 29 / 2009
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: Legacy Hospital Partners
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 29 / 2009
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

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[ ] 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: Plano State: TX Zip Code: 75093-2419
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Hospital Partners
Occupation: Executive Vice President, Administrati
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 29 / 2009
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: Natick State: MA Zip Code: 01760-7700
FEC ID number of contributing federal political committee. C
Name of Employer: Kindred Hospital Northeas-t-Natick
Occupation: Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.00
Date of Receipt: 12 / 29 / 2009
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: Ellicott City State: MD Zip Code: 21043-4724
FEC ID number of contributing federal political committee. C
Name of Employer: Keswick Multi-Care Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 204.00
Date of Receipt: 12 / 30 / 2009
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

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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: Glenwood State: MD Zip Code: 21738-9607
FEC ID number of contributing federal political committee: C
Name of Employer: MedStar Health
Occupation: Executive Vice President and CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 255.00
Date of Receipt: 12 / 30 / 2009
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: Baltimore State: MD Zip Code: 21209-4227
FEC ID number of contributing federal political committee: C
Name of Employer: LifeBridge Health
Occupation: Trustee
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 255.00
Date of Receipt: 12 / 30 / 2009
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: Potomac Falls State: VA Zip Code: 20165-5134
FEC ID number of contributing federal political committee: C
Name of Employer: MedStar Health
Occupation: Executive VP, Operations Washington
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 255.00
Date of Receipt: 12 / 30 / 2009
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

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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

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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: Alexandria State: VA Zip Code: 22302-3619
FEC ID number of contributing federal political committee. C
Name of Employer: MedStar Health
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 255.00
Date of Receipt: 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: Owings State: MD Zip Code: 20736-9502
FEC ID number of contributing federal political committee. C
Name of Employer: Calvert Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 391.00
Date of Receipt: 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: New Albany State: OH Zip Code: 43054-8933
FEC ID number of contributing federal political committee. C
Name of Employer: Nationwide Children's Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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

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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: Dover State: OH Zip Code: 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: 12 / 30 / 2009
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: La Grange State: KY Zip Code: 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: 12 / 30 / 2009
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: Louisville State: KY Zip Code: 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: 12 / 30 / 2009
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

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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: Louisville State: KY Zip Code: 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: 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: Louisville State: KY Zip Code: 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: 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: Louisville State: KY Zip Code: 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: 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

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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: Louisville State: KY Zip Code: 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: Louisville State: KY Zip Code: 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: Louisville State: KY Zip Code: 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)
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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: Louisville State: KY Zip Code: 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: 12 / 30 / 2009
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: Louisville State: KY Zip Code: 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: 12 / 30 / 2009
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: Louisville State: KY Zip Code: 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: 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

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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 Hillitop Meadow
City: Frankfort State: KY Zip Code: 46001
FEC ID number of contributing federal political committee. C
Name of Employer: Baptist Hospital East
Occupation: Director of Planning
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834796
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Mr. Blake A Dye
Mailing Address 2805 W. County Road 250 S
City: New Castle State: IN Zip Code: 47362-9719
FEC ID number of contributing federal political committee. C
Name of Employer: Henry County Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 30 / 2009
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: Carmel State: IN Zip Code: 46033-4442
FEC ID number of contributing federal political committee. C
Name of Employer: Indiana Hospital Association
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 30 / 2009
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Douglas J Leonard
Mailing Address 2574 Califorinia Street
City: Columbus State: IN Zip Code: 47201-3649
FEC ID number of contributing federal political committee. C
Name of Employer: Indiana Hospital Association
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834831
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Mr. Brian Tabor
Mailing Address 10762 Forest Lake Court
City: Indianapolis State: IN Zip Code: 46278-9610
FEC ID number of contributing federal political committee. C
Name of Employer: Indiana Hospital Association
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1025.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834832
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mr. David H. Wiesman
Mailing Address 4521 Hickory Grove Blvd.
City: Greenwood State: IN Zip Code: 46143-7448
FEC ID number of contributing federal political committee. C
Name of Employer: Indiana Hospital Association
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834833
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Matthew D Bailey
Mailing Address 1502 Sagamore Place
City: Vincennes State: IN Zip Code: 47591-7628
FEC ID number of contributing federal political committee. C
Name of Employer: Good Samaritan Hospital
Occupation: President and Chief Executive Officer
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 1322 Quail Ridge
City: Richmond State: IN Zip Code: 47374-7176
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Anne Coleman
Mailing Address 6630 S. 850 E.
City: Zionsville State: IN Zip Code: 46077-9313
FEC ID number of contributing federal political committee. C
Name of Employer: St. Vincent Indianapolis Hospital
Occupation: CEO. St. Vincent Women's
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834841
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Mr. Joseph E Roche
Mailing Address 3413 Berkdale Drive
City: Columbus State: IN Zip Code: 47203-2451
FEC ID number of contributing federal political committee. C
Name of Employer: St. Vincent Jennings Hospital
Occupation: Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834864
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Kevin Speer
Mailing Address 13664 Smokey Ridge Place
City: Carmel State: IN Zip Code: 46033-9263
FEC ID number of contributing federal political committee. C
Name of Employer: St. Vincent Health
Occupation: Chief Strategy Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 30 / 2009
Transaction ID: 17834866
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

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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: Fishers State: IN Zip Code: 46038-4500
FEC ID number of contributing federal political committee. C
Name of Employer: Saint John's Health System
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Bremen State: IN Zip Code: 46506-9605
FEC ID number of contributing federal political committee. C
Name of Employer: Community Hospital of Bremen
Occupation: Board President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Burlington State: MA Zip Code: 01803-5010
FEC ID number of contributing federal political committee. C
Name of Employer: Massachusetts Hospital Association
Occupation: Director of Association Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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

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[ ] 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 A Dee
Mailing Address 105 Marys Avenue
City: Kingston State: NY Zip Code: 12401-5848
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

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[ ] 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. Rick Snyder
Mailing Address 4000 Lincoln Boulevard
City: Oklahoma City State: OK Zip Code: 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: 12 / 31 / 2009
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: Edmond State: OK Zip Code: 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: 12 / 31 / 2009
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: Norman State: OK Zip Code: 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: 12 / 31 / 2009
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

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[ ] 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 PO Box 544
City: Okeene State: OK Zip Code: 73763-0544
FEC ID number of contributing federal political committee. C
Name of Employer: Okeene Municipal Hospital
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 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: Norman State: OK Zip Code: 73072-3915
FEC ID number of contributing federal political committee. C
Name of Employer: Oklahoma Hospital Association
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1060.00
Date of Receipt: 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: Salt Lake City State: UT Zip Code: 84111-1453
FEC ID number of contributing federal political committee. C
Name of Employer: Intermountain Healthcare, Inc.
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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

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[X] 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 Chris Coons
Mailing Address: 243 East St. George Boulevard, Suite 240
City: Saint George State: UT Zip Code: 84770-2990
FEC ID number of contributing federal political committee: C
Name of Employer: Intermountain Healthcare, Inc.
Occupation: V.P. Southwestern Region
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: 17835481
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Mr. Jeffrey S Drop
Mailing Address: 4816 Amber Valley Parkway
City: Fargo State: ND Zip Code: 58104-8404
FEC ID number of contributing federal political committee: C
Name of Employer: Catholic Health Initiatives
Occupation: SVP Division Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: 17835482
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Mr. Jonathan Archey
Mailing Address: 155 East Broad Street
City: Columbus State: OH Zip Code: 43215-3626
FEC ID number of contributing federal political committee: C
Name of Employer: Ohio Hospital Association
Occupation: Manager, Federal Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: 17835495
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

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[ ] 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: Saint Johnsbury State: VT Zip Code: 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: 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: Barre State: VT Zip Code: 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: 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: Plano State: TX Zip Code: 75093-5994
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Hospital Partners
Occupation: Exec. VP & Deputy CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 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

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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: Plano State: TX Zip Code: 75093-7538
FEC ID number of contributing federal political committee. C
Name of Employer: Legacy Hospital Partners
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 12 / 31 / 2009
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: Honolulu State: HI Zip Code: 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: 12 / 31 / 2009
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 14132
City: Orange State: CA Zip Code: 92863-1532
FEC ID number of contributing federal political committee. C
Name of Employer: Providence Health System
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
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

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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: Reno State: NV Zip Code: 89502-1474
FEC ID number of contributing federal political committee. C
Name of Employer: Renown Health
Occupation: Chief Financial Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Las Vegas State: NV Zip Code: 89122-4756
FEC ID number of contributing federal political committee. C
Name of Employer: Seven Hills Behavioral Institute
Occupation: Chief Operation Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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: Sparks State: NV Zip Code: 89436-5400
FEC ID number of contributing federal political committee. C
Name of Employer: Nevada Hospital Association
Occupation: Vice President of Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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)
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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: Norfolk State: NE Zip Code: 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: 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: Fargo State: ND Zip Code: 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: 12 / 31 / 2009
Transaction ID: 17855970
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mr David Molmen
Mailing Address 1000 South Columbia Road
City: Grand Forks State: ND Zip Code: 58201-4032
FEC ID number of contributing federal political committee. C
Name of Employer: Altru Health System
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. James T. Kirkpatrick
Mailing Address 73 North Ave.
City: Mendon State: MA Zip Code: 01756-1015
FEC ID number of contributing federal political committee. C
Name of Employer: Massachusetts Hospital Association
Occupation: Senior VP, Healthcare Finance & Manage
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: 17856717
Amount of Each Receipt this Period: 350.00

B.
Full Name (Last, First, Middle Initial)
Mr Paul J Andrews
Mailing Address 238 Win St.
City: Woburn State: MA Zip Code: 01801-2832
FEC ID number of contributing federal political committee. C
Name of Employer: Winchester Hospital
Occupation: Board Member
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: 17856722
Amount of Each Receipt this Period: 350.00

C.
Full Name (Last, First, Middle Initial)
Ms. Katie Vaughan
Mailing Address 506A East Howell Avenue
City: Alexandria State: VA Zip Code: 22301-1216
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Associate Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1034595123156
Amount of Each Receipt this Period: 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

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[ ] 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. 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 Counse
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

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[X] 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. 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: 506A Howell
City: Alexandria State: VA Zip Code: 22301-1216
FEC ID number of contributing federal political committee: C
Name of Employer: American Hospital Association-Washingt
Occupation: Project Manager AHAPAC Coordinator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Stephen Mayfield
Mailing Address One North Franklin Street
Suite 32139
City: Chicago State: IL Zip Code: 60606
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Senior Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1302378923156
Amount of Each Receipt this Period: 130.40
P/R Deduction ($40.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Mr. James Wadzinski
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 Account Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1150.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1347703423156
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Mr. Jack A. Mackay
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 & CIO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1347703623156
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Bi-Weekly)

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: (check only one)
[X] 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. Susan Gergely
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 Operations, AONE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 350.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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 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 1000.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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 Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation Associate Executive Director - ASHHRA
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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)
[X] 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. Monica D Day
Mailing Address 10224 Prince Place #205
City: Largo State: MD Zip Code: 20774-1210
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Political Affairs Coordinator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1516850623156
Amount of Each Receipt this Period: 43.61
P/R Deduction ($14.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Ms. Elisa Arespacochaga
Mailing Address One North Franklin
City: Chicago State: IL Zip Code: 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Associate Direcor, Constituency Sectio
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1555656223156
Amount of Each Receipt this Period: 45.60
P/R Deduction ($15.22 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Mr. Clinton S. Manning
Mailing Address 325 Seventh Street, NW Suite 700
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: Asst. Director Advocacy & Member Commu
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1555656523156
Amount of Each Receipt this Period: 45.60
P/R Deduction ($14.00 Bi-Weekly)

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: (check only one)
[X] 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 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, Governance Projects
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 349.98
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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 Washington State DC Zip Code 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Washingt
Occupation Senior Vice President, Public Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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 Rockville State MD Zip Code 20852-3249
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Washingt
Occupation Director, Grassroots Advocacy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Michael P. McCue
Mailing Address 122 N. Greenwood Avenue
City: Park Ridge State: IL Zip Code: 60068-3227
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Associate Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
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: Chicago State: IL Zip Code: 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Director, Long-Term Care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
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: Oak Park State: IL Zip Code: 60304-2132
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Vice President, Member Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
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: (check only one)
[X] 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: Great Falls State: VA Zip Code: 22066-1546
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Associa-tion-Washingt
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2009
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: Washington State: DC Zip Code: 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Associa-tion-Washingt
Occupation: Chief Executive Officer, AONE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2009
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: Arlington State: VA Zip Code: 22205-3408
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Associa-tion-Washingt
Occupation: Regional Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2009
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: (check only one)
[X] 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: Chicago State: IL Zip Code: 60606
FEC ID number of contributing federal political committee: C
Name of Employer: American Hospital Association-Chicago
Occupation: Vice President, Meetings & Travel Serv
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
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: Washington State: DC Zip Code: 20008-2614
FEC ID number of contributing federal political committee: C
Name of Employer: American Hospital Association-Washingt
Occupation: Director, Policy Development
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
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: Washington State: DC Zip Code: 20004-2818
FEC ID number of contributing federal political committee: C
Name of Employer: American Hospital Association-Washingt
Occupation: Vice President, Political Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 31 / 2009
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: (check only one) PAGE 147 / 194

[X] 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: Millis State: MA Zip Code: 60606-3436
FEC ID number of contributing federal political committee: C
Name of Employer: American Hospital Association-Chicago
Occupation: Regional Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 31 / 2009
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: Chicago State: IL Zip Code: 60602-4750
FEC ID number of contributing federal political committee: C
Name of Employer: American Hospital Association-Chicago
Occupation: Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
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: Chicago State: IL Zip Code: 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: 12 / 31 / 2009
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: (check only one)
[X] 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 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 Lorsbach
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: (check only one)
[X] 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. 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: (check only one) PAGE 150 / 194

[X] 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 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 Associa-tion-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 Associa-tion-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 Associa-tion-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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Carla L. Luggiero
Mailing Address 325 Seventh Street, NW
Suite 700
City: Washington State: DC Zip Code: 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Senior Associate Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR328490123156
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina
Mailing Address 200 Clover Hill Court
City: Yardley State: PA Zip Code: 19067-5736
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Regional Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR328511823156
Amount of Each Receipt this Period: 103.00
P/R Deduction ($40.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell
Mailing Address 1501 N. Harrison Street
City: Arlington State: VA Zip Code: 22205-2726
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Vice President, Media Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR328512023156
Amount of Each Receipt this Period: 40.00
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)
[X] 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. George Arges
Mailing Address One North Franklin St.
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation Senior Director, Health Data Managemen
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 499.94
Date of Receipt 12 / 31 / 2009
Transaction ID: PR328641123156
Amount of Each Receipt this Period 68.13
P/R Deduction ($22.73 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Mr. Anthony J. Burke
Mailing Address One North Franklin Ave.
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association
Occupation President & CEO, AHA Solutions, Inc.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR328913323156
Amount of Each Receipt this Period 120.00
P/R Deduction ($44.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey
Mailing Address One North Franklin Street
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation SPSA Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR329013423156
Amount of Each Receipt this Period 40.00
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD
Mailing Address One North Franklin
City Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation President & Chief Operating Officer, C
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR329071323156
Amount of Each Receipt this Period 103.00
P/R Deduction ($40.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Ms. Robyn Cooke
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 M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR329084423156
Amount of Each Receipt this Period 40.00
P/R Deduction ($20.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese
Mailing Address 500 Interstate Boulevard South
City Nashville State TN Zip Code 37210-4634
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation AHA Regional Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR329215723156
Amount of Each Receipt this Period 103.00
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: (check only one)
[X] 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 Evans
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 Senior Vice President & CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 350.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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 Chicago State IL Zip Code 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 12 / D D 31 / Y Y Y Y 2009
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 Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation Senior Director Member Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
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: (check only one)
[X] 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 Misfeldt
Mailing Address One North Franklin
City Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation Associate Regional Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR330411623156
Amount of Each Receipt this Period 40.00
P/R Deduction ($20.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Ms. Maureen D. Mudron
Mailing Address 325 Seventh Street, NW Suite 700
City Washington State DC Zip Code 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Washingt
Occupation Deputy General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 350.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR330465223156
Amount of Each Receipt this Period 28.00
P/R Deduction ($14.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca
Mailing Address 4960 138th Cricle West
City Apple Valley State MN Zip Code 55124-9229
FEC ID number of contributing federal political committee. C
Name of Employer American Hospital Association-Chicago
Occupation Regional Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt M M 12 / D D 31 / Y Y Y Y 2009
Transaction ID: PR330475423156
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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard
Mailing Address 6109 North 9th Road
City: Arlington State: VA Zip Code: 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: 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: Chicago State: IL Zip Code: 60606-3436
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Chicago
Occupation: Vice President, Strategic Planning
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Lake Forest State: IL Zip Code: 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: 12 / 31 / 2009
Transaction ID: PR330549223156
Amount of Each Receipt this Period: 135.00
P/R Deduction ($47.00 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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Walter James Reiter
Mailing Address 6820 Deerpath Road
City: Elkridge State: MD Zip Code: 21075-6200
FEC ID number of contributing federal political committee. C
Name of Employer: Maryland Hospital Association
Occupation: V.P., Advocacy & Member Communications
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR330776123156
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00)

B.
Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.
Mailing Address 1101 N. Kentucky Street
City: Arlington State: VA Zip Code: 22205-3515
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Director, State Issues Forum
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR331278823156
Amount of Each Receipt this Period: 28.00
P/R Deduction ($14.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush
Mailing Address 26 West Glendale Ave.
City: Alexandria State: VA Zip Code: 22301-2402
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Director Advocacy and Public Policy Op
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2009
Transaction ID: PR331304223156
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 108.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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. Jo Ann Webb
Mailing Address 325 Seventh Street, NW
Suite 700
City: Washington State: DC Zip Code: 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association-Washingt
Occupation: Sr. Director Federal Relations & Polic
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 31 / 2009
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: 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: 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: Austin State: TX Zip Code: 78761-5587
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Association
Occupation: AHA Regional Executive for TX
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 12 / 31 / 2009
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: (check only one)
[X] 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 ($39.00 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: (check only one)
[X] 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. 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: M M 12 / D D 31 / Y Y Y Y 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: M M 12 / D D 31 / Y Y Y Y 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: M M 12 / D D 31 / Y Y Y Y 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: (check only one)
[X] 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: Alexandria State: VA Zip Code: 22314-4142
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Associa-tion-Washingt
Occupation: Director, Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: Washington State: DC Zip Code: 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Associa-tion-Washingt
Occupation: Senior Associate Director Policy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 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: Washington State: DC Zip Code: 20004-2818
FEC ID number of contributing federal political committee. C
Name of Employer: American Hospital Associa-tion-Washingt
Occupation: Vice President, Legislative Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City: 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: M M 12 / D D 31 / Y Y Y Y 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: M M 12 / D D 31 / Y Y Y Y 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: (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 Helena State MT Zip Code 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 12 / 02 / 2009
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 Rensselaer State NY Zip Code 12144
FEC ID number of contributing federal political committee. C C00160259
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 155000.00
Date of Receipt 12 / 04 / 2009
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 Sacramento State CA Zip Code 95814
FEC ID number of contributing federal political committee. C C00237495
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 180000.00
Date of Receipt 12 / 04 / 2009
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: (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: Madison State: WI Zip Code: 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: 12 / 08 / 2009
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: Austin State: TX Zip Code: 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: 12 / 28 / 2009
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: Madison State: WI Zip Code: 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: 12 / 28 / 2009
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

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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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: Washington
State: DC
Zip Code: 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
12 / 31 / 2009

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)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): MACPAC (Missourians for Accountability & Change)
Mailing Address: 607 - 14th Street, NW, Suite 800
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: 2009 Contribution
Category/Type: 011
Candidate Name: MACPAC (Missourians for Accountability & Change)
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803425
Date of Disbursement: MM 12 / DD 02 / YYYY 2009
Amount of Each Disbursement this Period: 1000.00
2009 Contribution

B.
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
Category/Type: 011
Candidate Name: Rep. Kirsten Gillibrand
Office Sought: [ ] House [X] Senate [ ] President
State: NY District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17803426
Date of Disbursement: MM 12 / DD 02 / YYYY 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Bennett Election Committee Inc
Mailing Address: 175 South West Temple Suite 650
City: Salt Lake City State: UT Zip Code: 84101
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Sen. Robert F. Bennett
Office Sought: [ ] House [X] Senate [ ] President
State: UT District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803427
Date of Disbursement: MM 12 / DD 02 / YYYY 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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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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: Bismarck State: ND Zip Code: 58502
Purpose of Disbursement: Contribution
Candidate Name: Sen. Byron L. Dorgan
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: ND District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17803428
Date of Disbursement: 12 / 02 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Stephanie Herseth Sandlin For South Dakota
Mailing Address: PO Box 2009
City: Sioux Falls State: SD Zip Code: 57101
Purpose of Disbursement: Contribution
Candidate Name: Rep. Stephanie Herseth Sandlin
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: SD District: 01
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803429
Date of Disbursement: 12 / 02 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Carnahan In Congress
Mailing Address: 7370 Manchester Rd Ste 20
City: St. Louis State: MO Zip Code: 63143
Purpose of Disbursement: Contribution
Candidate Name: Rep. Russ Carnahan
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803430
Date of Disbursement: 12 / 02 / 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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Mailing Address: 715 Jones Street, Suite 101
City: Fort Worth State: TX Zip Code: 76102
Purpose of Disbursement: Contribution
Candidate Name: Rep. Kay Granger
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 12
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803431
Date of Disbursement: M M 12 / D D 02 / Y Y Y Y 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Friends Of Erik Paulsen
Mailing Address: P.O. Box 44369
250 Prairie Center Drive
City: Eden Prairie State: MN Zip Code: 55344
Purpose of Disbursement: Contribution
Candidate Name: Rep. Erik P. Paulsen
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MN District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803432
Date of Disbursement: M M 12 / D D 02 / Y Y Y Y 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Shelley Moore Capito For Congress
Mailing Address: P.O. Box 11519
City: Charleston State: WV Zip Code: 25339
Purpose of Disbursement: Contribution
Candidate Name: Rep. Shelley Moore Capito
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: WV District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803433
Date of Disbursement: M M 12 / D D 02 / Y Y Y Y 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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Michaud For Congress
Mailing Address: 213 Lisbon St
City: Lewiston State: ME Zip Code: 04240
Purpose of Disbursement: Contribution
Candidate Name: Rep. Michael H. Michaud
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: ME District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803434
Date of Disbursement: 12 / 02 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: WI District: 04
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803435
Date of Disbursement: 12 / 02 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Garamendi For Congress
Mailing Address: C/O California Political Law, Inc.
3605 Long Beach Blvd., Ste. 426
City: Long Beach State: CA Zip Code: 90807
Purpose of Disbursement: Contribution
Candidate Name: Mr. John Garamendi
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 10
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803436
Date of Disbursement: 12 / 02 / 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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Mailing Address: PO Box 1112
City: State College State: PA Zip Code: 16804
Purpose of Disbursement: Contribution
Candidate Name: Rep. Glenn W. Thompson
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 05
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17803437
Date of Disbursement: 12 / 02 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Synergy PAC
Mailing Address: 6849 Old Dominion Drive Suite 222
City: McLean State: VA Zip Code: 22101
Purpose of Disbursement: 2009 Contribution
Candidate Name: Synergy PAC
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805352
Date of Disbursement: 12 / 04 / 2009
Amount of Each Disbursement this Period: 2500.00
2009 Contribution

C.
Full Name (Last, First, Middle Initial): Jeff Merkley For Oregon
Mailing Address: 2236 Se 10th Ave
City: Portland State: OR Zip Code: 97214
Purpose of Disbursement: Contribution
Candidate Name: Jeff Merkley For Oregon
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: 2008 [ ] Primary [ ] General [X] Other (specify) 2008 General Debt Re
Transaction ID: 17805370
Date of Disbursement: 12 / 04 / 2009
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)
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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: Rep. Kirsten Gillibrand
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: NY District:
Disbursement For: 2010 [ ] Primary [X] General [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: WI District: 04
Disbursement For: 2010 [X] Primary [ ] General [ ] 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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: AR District: 04
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
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 (SWPA)
Mailing Address: PO Box 1776
City: Freedom State: PA Zip Code: 15042
Purpose of Disbursement: 2009 Contribution
Candidate Name: Southwest Pennsylvania PAC (SWPA)
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 08
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Scott Garrett For Congress
Mailing Address: P.O. Box 905
City: Newton State: NJ Zip Code: 07860
Purpose of Disbursement: Contribution
Candidate Name: Rep. Scott Garrett
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 05
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805391
Date of Disbursement: 12 / 04 / 2009
Amount of Each Disbursement this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial): New Democrat Coalition Political Action Committee
Mailing Address: 607 14th Street NW Suite 800
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: 2009 Contribution
Candidate Name: New Democrat Coalition Political Action Committee
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805393
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 2000.00
2009 Contribution

C.
Full Name (Last, First, Middle Initial): Fund For The Majority, The
Mailing Address: 1212 S. Victory Blvd.
City: Burbank State: CA Zip Code: 91502
Purpose of Disbursement: 2009 Contribution
Candidate Name: Fund For The Majority, The
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805394
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 5000.00
2009 Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

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

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Category/Type: 011
Candidate Name: The Freedom Project
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805395
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 5000.00
2009 Contribution

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
Category/Type: 011
Candidate Name: We the People PAC
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805445
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 2500.00
2009 Contribution

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
Category/Type: 011
Candidate Name: Sen. Blanche Lambert Lincoln
Office Sought: [ ] House [X] Senate [ ] President
State: AR District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17805448
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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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
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: IA District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805449
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 1500.00
2014 Contribution

B.
Full Name (Last, First, Middle Initial): Geoff Davis For Congress
Mailing Address: 3161 Dixie Highway Suite F
City: Erlanger State: KY Zip Code: 41018
Purpose of Disbursement: Contribution
Candidate Name: Rep. Geoffrey Davis
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 04
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805460
Date of Disbursement: 12 / 08 / 2009
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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 14
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805462
Date of Disbursement: 12 / 08 / 2009
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

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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: Rockford State: IL Zip Code: 61126
Purpose of Disbursement: Contribution
Candidate Name: Rep. Donald A. Manzullo
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 16
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
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: Hinsdale State: IL Zip Code: 60522
Purpose of Disbursement: Contribution
Candidate Name: Rep. Judy Biggert
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 13
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
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
City: Menominee State: MI Zip Code: 49858
Purpose of Disbursement: Contribution
Candidate Name: Rep. Bart Stupak
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 01
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
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**

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Stupak For Congress
Mailing Address: 817 Ninth Avenue
City: Menominee State: MI Zip Code: 49858
Purpose of Disbursement: Contribution
Candidate Name: Rep. Bart Stupak
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 01
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17805473
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 750.00
Contribution

B.
Full Name (Last, First, Middle Initial): Stupak For Congress
Mailing Address: 817 Ninth Avenue
City: Menominee State: MI Zip Code: 49858
Purpose of Disbursement: Contribution
Candidate Name: Rep. Bart Stupak
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 01
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17805482
Date of Disbursement: 12 / 08 / 2009
Amount of Each Disbursement this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial): Priority PAC
Mailing Address: 818 Connecticut Ave., NW Suite 1100
City: Washington State: DC Zip Code: 20006
Purpose of Disbursement: 2009 Contribution
Candidate Name: Priority PAC
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17811678
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 2500.00
2009 Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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SCHEDULE B (FEC Form 3X)
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27 28a 28b 28c 29 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
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 17811682
Date of Disbursement: 12 / 10 / 2009
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
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 17811685
Date of Disbursement: 12 / 10 / 2009
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
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 17811686
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
2009 Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Friends Of Schumer
Mailing Address: 509 Madison Ave Suite 1902
City: New York State: NY Zip Code: 10022
Purpose of Disbursement: Contribution
Candidate Name: Sen. Charles E. Schumer
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: NY District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814688
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 2000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Friends Of Chris Dodd
Mailing Address: PO Box 270701
City: West Hartford State: CT Zip Code: 06127
Purpose of Disbursement: Contribution
Candidate Name: Sen. Christopher J. Dodd
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: CT District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17814705
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Dutch Ruppersberger For Congress
Mailing Address: 22 West Padonia Road Suite C-141
City: Timonium State: MD Zip Code: 21093
Purpose of Disbursement: Contribution
Candidate Name: C.A. Dutch Ruppersberger
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814706
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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ITEMIZED DISBURSEMENTS

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Mike McMahon For Congress
Mailing Address: 66 Arnold Street
City: Staten Island State: NY Zip Code: 10301
Purpose of Disbursement: Contribution
Candidate Name: Rep. Michael E. McMahon
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 13
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814707
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 2000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Kosmas For Congress
Mailing Address: PO Box 1547
City: New Smyrna Beach State: FL Zip Code: 32170
Purpose of Disbursement: Contribution
Candidate Name: Rep. Suzanne M. Kosmas
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 24
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814708
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Nunes For Congress
Mailing Address: PO Box 891
City: Pixley State: CA Zip Code: 93256
Purpose of Disbursement: Contribution
Candidate Name: Mr. Devin Nunes
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 21
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814709
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Friends Of Rosa Delauro
Mailing Address: 12 Trumbull Street
City: New Haven State: CT Zip Code: 06511
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Rep. Rosa L. DeLauro
Office Sought: [X] House [ ] Senate [ ] President
State: CT District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: 17814710
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Nita Lowey For Congress
Mailing Address: PO Box 271
City: White Plains State: NY Zip Code: 10605
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Rep. Nita M. Lowey
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 18
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: 17814711
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Friends Of Glenn Nye
Mailing Address: PO Box 68444
City: Virginia Beach State: VA Zip Code: 23471
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Rep. Glenn C. Nye, III
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: 17814712
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 500.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 07
Disbursement For: 2010 [X] Primary [ ] General [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 17
Disbursement For: 2010 [X] Primary [ ] General [ ] 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**

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SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Boyd For Congress
Mailing Address: P.O. Box 15703
City: Tallahassee State: FL Zip Code: 32317
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Mr. F Allen Boyd
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814717
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial): Boyd For Congress
Mailing Address: P.O. Box 15703
City: Tallahassee State: FL Zip Code: 32317
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Mr. F Allen Boyd
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 02
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17814719
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Friends Of Jim Marshall
Mailing Address: 586 Orange Street
City: Macon State: GA Zip Code: 31201
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Rep. Jim Marshall
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 08
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814722
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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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
Mailing Address: 818 Sw Third Ave. #1182
City: Portland State: OR Zip Code: 97204
Purpose of Disbursement: Contribution
Candidate Name: Rep. David Wu
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: OR District: 01
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814723
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Adler For Congress
Mailing Address: 14 Knightswood Drive
City: Marlton State: NJ Zip Code: 08053
Purpose of Disbursement: Contribution
Candidate Name: Rep. John Herbert Adler
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814724
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Friends Of Phil Hare
Mailing Address: 224 18th Street P.O. Box 4183
City: Rock Island State: IL Zip Code: 61204
Purpose of Disbursement: Contribution
Candidate Name: Rep. Phil Hare
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 17
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814725
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Mailing Address: 1071 Twin Branch Ln
City: Weston State: FL Zip Code: 33326
Purpose of Disbursement: Contribution
Candidate Name: Rep. Debbie Wasserman-Schultz
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 20
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17814726
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial): Wasserman-Schultz For Congress
Mailing Address: 1071 Twin Branch Ln
City: Weston State: FL Zip Code: 33326
Purpose of Disbursement: Contribution
Candidate Name: Rep. Debbie Wasserman-Schultz
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 20
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17814727
Date of Disbursement: 12 / 10 / 2009
Amount of Each Disbursement this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial): Bennet For Colorado
Mailing Address: 2300 15th Street Suite 425
City: Denver State: CO Zip Code: 80202
Purpose of Disbursement: Contribution
Candidate Name: Sen. Michael F. Bennet
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: CO District:
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833682
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00
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

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Ellsworth For Congress Committee
Mailing Address: P.O. Box 62
City: Evansville State: IN Zip Code: 47701
Purpose of Disbursement: Contribution
Candidate Name: Rep. Brad Ellsworth
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IN District: 08
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833702
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1500.00
Contribution

B.
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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 27
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833708
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Harry Mitchell For Congress
Mailing Address: PO Box 23748
City: Tempe State: AZ Zip Code: 85285
Purpose of Disbursement: Contribution
Candidate Name: Rep. Harry Mitchell
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: AZ District: 05
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833714
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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ITEMIZED DISBURSEMENTS

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[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833723
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Charlie Dent For Congress
Mailing Address: PO Box 442
City: Allentown State: PA Zip Code: 18105
Purpose of Disbursement: Contribution
Candidate Name: Rep. Charles W. Dent
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 15
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833750
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Lee Terry For Congress
Mailing Address: PO Box 540098
City: Omaha State: NE Zip Code: 68154
Purpose of Disbursement: Contribution
Candidate Name: Rep. Lee Terry
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NE District: 02
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17833759
Date of Disbursement: 12 / 16 / 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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Mailing Address: P.O. Box 822, 400 Broadway, Suite 501
City: Cape Girardeau State: MO Zip Code: 63702
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Rep. Jo Ann Emerson
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 08
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: 17833760
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Ted Deutch For Congress Committee
Mailing Address: 20423 Sr 7 Suite F6-383
City: Boca Raton State: FL Zip Code: 33498
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Mr. Theodore Deutch
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 19
Disbursement For: 2010 [ ] Primary [ ] General [X] Other (specify) Special-Primary2010
Transaction ID: 17833763
Date of Disbursement: 12 / 16 / 2009
Amount of Each Disbursement this Period: 5000.00
Contribution

C.
Full Name (Last, First, Middle Initial): Capuano For Congress Committee
Mailing Address: PO Box 440305
City: Somerville State: MA Zip Code: 02144
Purpose of Disbursement: Void of 9/09 check
Category/Type: 011
Candidate Name: Rep. Michael E. Capuano
Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 08
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17834371
Date of Disbursement: 12 / 29 / 2009
Amount of Each Disbursement this Period: -1000.00
Void of 9/09 check

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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Moore For Congress
Mailing Address: PO Box 14631
City: Shawnee Mission State: KS Zip Code: 66285
Purpose of Disbursement: Void of 10/09 check
Category/Type: 011
Candidate Name: Rep. Dennis Moore
Office Sought: [X] House [ ] Senate [ ] President
State: KS District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17834383
Date of Disbursement: 12 / 29 / 2009
Amount of Each Disbursement this Period: -1000.00
Void of 10/09 check

B.
Full Name (Last, First, Middle Initial): Hawkeye PAC
Mailing Address: P.O.Box 7255
City: Des Moines State: IA Zip Code: 50309
Purpose of Disbursement: 2009 Contribution
Category/Type: 011
Candidate Name: Hawkeye PAC
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17834396
Date of Disbursement: 12 / 18 / 2009
Amount of Each Disbursement this Period: 2500.00
2009 Contribution

C.
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
Category/Type: 011
Candidate Name: Rep. Adam B. Schiff
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 29
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17834408
Date of Disbursement: 12 / 18 / 2009
Amount of Each Disbursement this Period: 1000.00
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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 29
Disbursement For: 2010 [ ] Primary [X] General [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: DE District: 01
Disbursement For: 2010 [X] Primary [ ] General [ ] 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
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 03
Disbursement For: 2010 [X] Primary [ ] General [ ] 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)
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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): Ryan For Congress
Mailing Address: P. O. Box 1919
City: Janesville State: WI Zip Code: 53547
Purpose of Disbursement: Contribution
Candidate Name: Rep. Paul D. Ryan
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: WI District: 01
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17870508
Date of Disbursement: 12 / 29 / 2009
Amount of Each Disbursement this Period: 1000.00
Contribution

B.
Full Name (Last, First, Middle Initial): Adam Smith For Congress Committee
Mailing Address: PO Box 23626
City: Federal Way State: WA Zip Code: 98093
Purpose of Disbursement: Contribution
Candidate Name: Rep. D. Adam Smith
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 09
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17870645
Date of Disbursement: 12 / 29 / 2009
Amount of Each Disbursement this Period: 2500.00
Contribution

C.
Full Name (Last, First, Middle Initial): Chris Lee For Congress
Mailing Address: PO Box 15395
City: Rochester State: NY Zip Code: 14615
Purpose of Disbursement: Contribution
Candidate Name: Rep. Christopher John Lee
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 26
Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: 17870814
Date of Disbursement: 12 / 29 / 2009
Amount of Each Disbursement this Period: 1250.00
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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 Wilson | State NC | Zip Code 27894

Purpose of Disbursement
Contribution

Candidate Name
Rep. George K. Butterfield

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17870917

Date of Disbursement
M M 12 / D D 10 / Y Y Y Y 2009

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**103250.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: Ste. 001
City: Chicago State: IL Zip Code: 60679
Purpose of Disbursement: Merchant Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17869767
Date of Disbursement: 12 / 01 / 2009
Amount of Each Disbursement this Period: 4.95
Merchant Fees

B.
Full Name (Last, First, Middle Initial): American Express
Mailing Address: Ste. 001
City: Chicago State: IL Zip Code: 60679
Purpose of Disbursement: Merchant Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17869768
Date of Disbursement: 12 / 07 / 2009
Amount of Each Disbursement this Period: 110.51
Merchant Fees

C.
Full Name (Last, First, Middle Initial): Merchant Bankcard
Mailing Address: 1601 Elm Street
City: Dallas State: TX Zip Code: 75201
Purpose of Disbursement: Merchant Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Transaction ID: 17869769
Date of Disbursement: 12 / 03 / 2009
Amount of Each Disbursement this Period: 180.88
Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **296.34**

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)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial): Paymentech

Mailing Address: 14221 Dallas Parkway Building Two

City: Dallas State: TX Zip Code: 75254

Purpose of Disbursement: Merchant Fees

Candidate Name:

Category/Type: 001

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 17869770

Date of Disbursement: MM 12 / DD 04 / YYYY 2009

Amount of Each Disbursement this Period: 76.39

Merchant Fees

B.

Full Name (Last, First, Middle Initial): Citibank, F.S.B.

Mailing Address: 1400 G Street, NW

City: Washington State: DC Zip Code: 20005

Purpose of Disbursement: Bank Fee

Candidate Name:

Category/Type: 001

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 17869771

Date of Disbursement: MM 12 / DD 18 / YYYY 2009

Amount of Each Disbursement this Period: 38.07

Bank Fee

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **114.46**

TOTAL This Period (last page this line number only) ..... ▶ **410.80**