

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

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

Name of Employer Advocate Health Care Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18624942

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3333 North Seminary Street

City State Zip Code
Galesburg IL 61401-1299

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

Name of Employer OSF St. Mary Medical Center Occupation Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18624947

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Karen A Lambert

Mailing Address 450 West Highway 22

City State Zip Code
Barrington IL 60010-1919

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

Name of Employer Advocate Good Shepherd Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18624948

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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