

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW Suite 700 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00106146 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 12 / 01 / 2011 through 12 / 31 / 2011

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 Ms. Melinda Hatton [Electronically Filed] Date 01 / 25 / 2012

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 table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		1836473.19
(b) Cash on Hand at Beginning of Reporting Period.....	2880990.15	
(c) Total Receipts (from Line 19) .....	289820.38	2083511.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3170810.53	3919984.21
7. Total Disbursements (from Line 31).....	110987.30	860160.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3059823.23	3059823.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Hospital Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	165818.16	985916.01
(ii) Unitemized .....	44167.02	376826.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	209985.18	1362742.89
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	214985.18	1377742.89
12. Transfers From Affiliated/Other Party Committees.....	74581.00	696569.85
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	1334.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	254.20	2363.76
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 Transfers (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))..... ▶	289820.38	2083511.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	289820.38	2083511.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	232.30	4205.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	232.30	4205.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109350.00	854300.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	1405.00	1655.00
(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)).....	1405.00	1655.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	110987.30	860160.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110987.30	860160.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	214985.18	1377742.89
34. Total Contribution Refunds (from Line 28(d)) .....	1405.00	1655.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	213580.18	1376087.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	232.30	4205.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	232.30	2871.46

**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 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Belinda Brown Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Clear Creek Road  
 City Langhorne State PA Zip Code 19047-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **358.50**

Date of Receipt **12 / 02 / 2011**  
**Transaction ID : 19582982**  
 Amount of Each Receipt this Period **1.00**

**B. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.50**

Date of Receipt **12 / 02 / 2011**  
**Transaction ID : 19582988**  
 Amount of Each Receipt this Period **1.00**

**C. Mr. Sean J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 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 **499.06**

Date of Receipt **12 / 02 / 2011**  
**Transaction ID : 19582992**  
 Amount of Each Receipt this Period **1.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Allan Stalvey</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : 19583018</b>
Mailing Address 900 Gregg Street		Amount of Each Receipt this Period 650.00
City Columbia	State SC	Zip Code 29201-3913
FEC ID number of contributing federal political committee. C	Name of Employer South Carolina Hospital Association	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. J Thornton Kirby</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : 19583019</b>
Mailing Address 1000 Center Point Road		Amount of Each Receipt this Period 500.00
City Columbia	State SC	Zip Code 29210-5802
FEC ID number of contributing federal political committee. C	Name of Employer South Carolina Hospital Association	Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jeanne L Ward</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : 19583026</b>
Mailing Address 298 Memorial Drive		Amount of Each Receipt this Period 500.00
City Seneca	State SC	Zip Code 29672-9499
FEC ID number of contributing federal political committee. C	Name of Employer Oconee Medical Center	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Bruce P Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 Black River Rd

City Georgetown State SC Zip Code 29440-3304

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

Name of Employer Georgetown Hospital System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583027**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address P O Box 100550

City Florence State SC Zip Code 29501-0550

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

Name of Employer Carolinas Hospital System Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583028**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 125 Doughty Street Suite 760

City Charleston State SC Zip Code 29403-5736

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

Name of Employer Roper Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583029**

Amount of Each Receipt this Period  
 750.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Thomas C Dandridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 St Matthews Road  
 City Orangeburg State SC Zip Code 29118-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regional Medical Center Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583030**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. John A Miller Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Spring Back Way  
 City Anderson State SC Zip Code 29621-2676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AnMed Health Rehabilitation Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583149**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Allen P Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2095 Henry Tecklenburg Drive  
 City Charleston State SC Zip Code 29414-5733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours St. Francis Hospital Occupation Senior Vice President and Chief Execut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583250**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Bret Johnson</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : 19583251</b>
Mailing Address 316 Calhoun Street		Amount of Each Receipt this Period 500.00
City Charleston	State SC	
Zip Code 29401-1113		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation Chief Financial Officer	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew J Severance</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : 19583252</b>
Mailing Address 316 Calhoun Street		Amount of Each Receipt this Period 500.00
City Charleston	State SC	
Zip Code 29401-1113		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation Senior Vice President Operations	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John Sullivan</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : 19583254</b>
Mailing Address 1772 Bellamy Circle		Amount of Each Receipt this Period 500.00
City Albemarle	State NC	
Zip Code 28001-9511		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation Chief Executive Officer	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard Kirk Toomey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011 <b>Transaction ID : 19583255</b>
Mailing Address 955 Ribaut Road		Amount of Each Receipt this Period 500.00
City Beaufort	State SC	Zip Code 29902-5441
FEC ID number of contributing federal political committee. C	Name of Employer Beaufort Memorial Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jay Cox</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011 <b>Transaction ID : 19583262</b>
Mailing Address 1125 Summit Drive		Amount of Each Receipt this Period 550.00
City Sumter	State SC	Zip Code 29150-1771
FEC ID number of contributing federal political committee. C	Name of Employer Tuomey Healthcare System	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Tod N. Tappert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011 <b>Transaction ID : 19583263</b>
Mailing Address 101 W. Court St. #228		Amount of Each Receipt this Period 250.00
City Greenville	State SC	Zip Code 29601-2689
FEC ID number of contributing federal political committee. C	Name of Employer Greenville Hospital System	Occupation Chief of Staff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 214  
(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**

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

Mailing Address 2435 Forest Drive

City Columbia State SC Zip Code 29204-2098

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

Name of Employer Providence Hospital Occupation Director, Resources Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583266**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Craig White**

Mailing Address 1325 Spring Street

City Greenwood State SC Zip Code 29646-3860

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

Name of Employer Self Regional Healthcare Occupation Vice President Corporate Compliance an

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583267**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Camie Patterson**

Mailing Address 103 Ashford Place

City Greenwood State SC Zip Code 29646-9268

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

Name of Employer Self Regional Healthcare Occupation Senior Vice President Operations and C

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583269**

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)	PAGE 13 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1325 Spring Street

City Greenwood State SC Zip Code 29646-3860

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

Name of Employer Self Regional Healthcare Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : 19583270**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Chris Barber**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 East Jackson Avenue

City Jonesboro State AR Zip Code 72401-3119

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : 19583286**

Amount of Each Receipt this Period  
 227.50

**c. Dr. Jonathan R Bates**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Children's Way

City Little Rock State AR Zip Code 72202-3500

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : 19583287**

Amount of Each Receipt this Period  
 325.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1552.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Paul Betz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3024 Stadium Boulevard  
 City Jonesboro State AR Zip Code 72401-7415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEA Baptist Memorial Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583288**  
 Amount of Each Receipt this Period  
 227.50

**B. Dr. Roger M. Busfield Jr., PhD,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 Natural Resources Dr  
 City Little Rock State AR Zip Code 72205-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkansas Hospital Association Occupation President Emeritus  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583289**  
 Amount of Each Receipt this Period  
 325.00

**C. Mr. Darren Caldwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 32  
 City De Witt State AR Zip Code 72042-0032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DeWitt Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583290**  
 Amount of Each Receipt this Period  
 227.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. David Chumley**

Mailing Address 2729 Highway S 65 82

City State Zip Code  
Lake Village AR 71653-6136

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

Name of Employer Occupation  
Chicot Memorial Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583291**

Amount of Each Receipt this Period  
227.50

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

Mailing Address P O Box 797

City State Zip Code  
Camden AR 71711-0797

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

Name of Employer Occupation  
Ouachita County Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583292**

Amount of Each Receipt this Period  
243.75

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

Mailing Address 205 East Jefferson Street

City State Zip Code  
Siloam Springs AR 72761-3629

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

Name of Employer Occupation  
Siloam Springs Memorial Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
537.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 19583293**

Amount of Each Receipt this Period  
537.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1008.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Bob S Ellzey**

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 Texas Health Harris Methodist Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : 19583295**

Amount of Each Receipt this Period  
**227.50**

Full Name (Last, First, Middle Initial)  
**B. Ms. Kristy Estrem**

Mailing Address 214 Carter Street

City Berryville	State AR	Zip Code 72616-4303
--------------------	-------------	------------------------

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

Name of Employer St. John's Hospital-Berryville	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : 19583300**

Amount of Each Receipt this Period  
**227.50**

Full Name (Last, First, Middle Initial)  
**C. Mr. Russell D Harrington Jr**

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock	State AR	Zip Code 72205-7202
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Health	Occupation President and Chief Executive Officer
------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : 19583301**

Amount of Each Receipt this Period  
**325.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>780.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. John E Heard**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 351

City State Zip Code  
McGehee AR 71654-0351

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

Name of Employer Occupation  
McGehee-Desha County Hospital Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2011  
**Transaction ID : 19583302**

Amount of Each Receipt this Period  
227.50

**B. Mr. Tim J Johnsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Werner Street

City State Zip Code  
Hot Springs National Park AR 71913-6406

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

Name of Employer Occupation  
St. Joseph's Mercy Health Center President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2011  
**Transaction ID : 19583303**

Amount of Each Receipt this Period  
325.00

**C. Mr. Jeffrey A Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 17000

City State Zip Code  
Fort Smith AR 72917-7000

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

Name of Employer Occupation  
St. Edward Mercy Medical Center President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2011  
**Transaction ID : 19583304**

Amount of Each Receipt this Period  
325.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	877.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Edward L Lacy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Bypass Road  
 City Heber Springs State AR Zip Code 72543-9135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Medical Center-Heber Sp Occupation Vice President and Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **227.50**

Date of Receipt  
 12 / 02 / 2011  
**Transaction ID : 19583306**  
 Amount of Each Receipt this Period  
**227.50**

**B. Ms Debbie Love**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 Natural Resources Drive  
 City Little Rock State AR Zip Code 72205-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkansas Hospital Association Occupation Director of Financial Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 12 / 02 / 2011  
**Transaction ID : 19583307**  
 Amount of Each Receipt this Period  
**260.00**

**C. Mr. James L Magee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1206 Gordon Duckworth Drive  
 City Piggott State AR Zip Code 72454-1911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piggott Community Hospital Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **227.50**

Date of Receipt  
 12 / 02 / 2011  
**Transaction ID : 19583308**  
 Amount of Each Receipt this Period  
**227.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>715.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Harold E Mitchell Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 South Bradley Street

City Warren	State AR	Zip Code 71671-3493
----------------	-------------	------------------------

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

Name of Employer Bradley County Medical Center	Occupation Administrator and Chief Executive Offi
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : 19583314**

Amount of Each Receipt this Period  

227.50
--------

**B. Mr. Larry Morse**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 738

City Clarksville	State AR	Zip Code 72830-0738
---------------------	-------------	------------------------

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

Name of Employer Johnson Regional Medical Center	Occupation Chief Executive Officer and Administra
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : 19583315**

Amount of Each Receipt this Period  

227.50
--------

**C. Mr. Michael Scott Peek**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 639

City Danville	State AR	Zip Code 72833-0639
------------------	-------------	------------------------

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

Name of Employer Chambers Memorial Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : 19583317**

Amount of Each Receipt this Period  

325.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>780.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Ron Peterson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 624 Hospital Drive

City Mountain Home	State AR	Zip Code 72653-2955
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : 19583318**

Amount of Each Receipt this Period  

325.00
--------

**B. Ms. Nancy Robertson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Crape Myrtle Place

City Little Rock	State AR	Zip Code 72210-5654
---------------------	-------------	------------------------

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

Name of Employer Arkansas Hospital Association	Occupation Publications Editor
---	-----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : 19583320**

Amount of Each Receipt this Period  

325.00
--------

**C. Mr. Ronald K Rooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 339

City Paragould	State AR	Zip Code 72451-0339
-------------------	-------------	------------------------

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

Name of Employer Arkansas Methodist Medical Center	Occupation President
---	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : 19583321**

Amount of Each Receipt this Period  

325.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>975.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Rosi Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Children's Way  
City Little Rock State AR Zip Code 72202-3500  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arkansas Children's Hospital Occupation Government Relations Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **227.50**

Date of Receipt **12 / 02 / 2011**  
**Transaction ID : 19583323**  
Amount of Each Receipt this Period **227.50**

**B. Ms. Melody Trimble**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 17006  
City Fort Smith State AR Zip Code 72917-7006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sparks Regional Medical Center Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **12 / 02 / 2011**  
**Transaction ID : 19583324**  
Amount of Each Receipt this Period **325.00**

**C. Mr. Douglas Weeks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9601 Interstate 630, Exit 7  
City Little Rock State AR Zip Code 72205-7202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baptist Health Medical Center-Little R Occupation Senior Vice President/Administrator  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **12 / 02 / 2011**  
**Transaction ID : 19583326**  
Amount of Each Receipt this Period **325.00**

**SUBTOTAL** of Receipts This Page (optional)..... **877.50**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Margaret M West**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 629

City Magnolia	State AR	Zip Code 71754-0629
FEC ID number of contributing federal political committee. C		
Name of Employer Magnolia Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

Date of Receipt  
12 / 02 / 2011  
**Transaction ID : 19583327**

Amount of Each Receipt this Period  
227.50

**B. Mr. Peter J Bernard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13710 St Francis Boulevard

City Midlothian	State VA	Zip Code 23114-3267
FEC ID number of contributing federal political committee. C		
Name of Employer Bon Secours St. Francis Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : 19589283**

Amount of Each Receipt this Period  
350.00

**C. Mr. Carl Biggs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2225 Arynness 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : 19589284**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	927.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Joseph M Oddis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3636 High Street  
 City Portsmouth State VA Zip Code 23707-3236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours Maryview Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : 19589285**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Daniel Rissi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 365 Montauk Avenue  
 City New London State CT Zip Code 06320-4700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lawrence & Memorial Hospital Occupation Vice President, Chief Medical and Clin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 19589309**  
 Amount of Each Receipt this Period  
 350.00

**c. Ms. Gayle Capozzalo Heil**  
 Full Name (Last, First, Middle Initial)  
 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 Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 19589311**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 214
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Ms. Michele B Bush**  
Full Name (Last, First, Middle Initial)  
Mailing Address 114 Westerly Terrace

City Hartford	State CT	Zip Code 06105-1117
------------------	-------------	------------------------

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

Name of Employer Hartford Hospital	Occupation Senior VP and General Counsel
---------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 19589312**

Amount of Each Receipt this Period  
500.00

**B. Mr. James M. Blazar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 69 Orchard Rd

City West Hartford	State CT	Zip Code 06117-2911
-----------------------	-------------	------------------------

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

Name of Employer Hartford Hospital	Occupation SVP & Chief Strategy Officer
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 19589313**

Amount of Each Receipt this Period  
350.00

**C. Mr. Elliot Joseph**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Sunningdale

City Farmington	State CT	Zip Code 06032-1460
--------------------	-------------	------------------------

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

Name of Employer Hartford Hospital	Occupation President & Chief Executive Officer
---------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2011

**Transaction ID : 19589315**

Amount of Each Receipt this Period  
1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms Nicole J Schulz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Four Mile Rd  
 City West Hartford State CT Zip Code 06107-3021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Francis Hospital and Medical Cen Occupation VP Revenue Cycle  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 19589319**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Donald Straceski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 Woodland Street  
 City Hartford State CT Zip Code 06105-1208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Vice President Fiancial Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 19589322**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Rebecca Burke RN, MS, NE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46A Alfred Drown Rd  
 City Barrington State RI Zip Code 02806-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Francis Hospital and Medical Cen Occupation Sr VP, Patient Care Services/CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : 19589324**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 283 Gallopiny Hill Road

City Hopkinton State NH Zip Code 03229-3402

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **12 / 12 / 2011**

**Transaction ID : 19595776**

Amount of Each Receipt this Period **15.50**

**B. Mr. Stephen M. Ahnen**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.33**

Date of Receipt **12 / 12 / 2011**

**Transaction ID : 19595777**

Amount of Each Receipt this Period **41.69**

**C. Ms. Evelyn Olenick MSN, RN, C**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Coliseum Dr

City Hampton State VA Zip Code 23666-5963

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

Name of Employer Sentara CarePlex Hospital Occupation Vice President Patient Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 08 / 2011**

**Transaction ID : 19595795**

Amount of Each Receipt this Period **350.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>407.19</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 214
<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. Karen Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13556 Ashbury Drive  
City Carmel State IN Zip Code 46032-8225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Vincent Health Occupation Hospital System VP & Chief Planning Of  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2011  
**Transaction ID : 19595810**  
Amount of Each Receipt this Period 500.00

**B. Ms. Sandy Merrill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2776 E. Irish Place  
City Centennial State CO Zip Code 80122-3321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Colorado Hospital Association Occupation Director of Education & Member Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 12 / 2011  
**Transaction ID : 19596292**  
Amount of Each Receipt this Period 50.00

**C. Ms. Caroline Matthews**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Bannock Street  
City Denver State CO Zip Code 80204-4507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Denver Health Medical Center Occupation First Vice Chair, Board of Directors  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2011  
**Transaction ID : 19596294**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Kevin E Lofton**  
Full Name (Last, First, Middle Initial)

Mailing Address 198 Inverness Drive West, Suite 80

City Englewood	State CO	Zip Code 80112-5202
-------------------	-------------	------------------------

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

Name of Employer Catholic Health Initiatives	Occupation President and Chief Executive Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : 19596295**

Amount of Each Receipt this Period  
500.00

**B. Ms. Kyle Ballou**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 York Street

City New Haven	State CT	Zip Code 06510-3220
-------------------	-------------	------------------------

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

Name of Employer Yale New Haven Health System	Occupation Administrative Director Community & Go
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : 19596312**

Amount of Each Receipt this Period  
250.00

**C. Ms. Victoria Alexander-Lane**  
Full Name (Last, First, Middle Initial)

Mailing Address 447 North Main Street

City Pittsfield	State ME	Zip Code 04967-3707
--------------------	-------------	------------------------

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

Name of Employer Sebastcook Valley Health	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19596319**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Len Fishman</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : 19596321</b>
Mailing Address 1200 Centre Street		Amount of Each Receipt this Period 300.00
City Boston	State MA	Zip Code 02131-1097
FEC ID number of contributing federal political committee. C	Name of Employer Hebrew Rehabilitation Center	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kevin Tabb</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : 19596322</b>
Mailing Address 64 Beethoven Ave		Amount of Each Receipt this Period 750.00
City Waban	State MA	Zip Code 02468-1729
FEC ID number of contributing federal political committee. C	Name of Employer Beth Israel Deaconess Medical Center	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Judith C Waterston</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : 19596323</b>
Mailing Address 150 York Street		Amount of Each Receipt this Period 262.50
City Stoughton	State MA	Zip Code 02072-1829
FEC ID number of contributing federal political committee. C	Name of Employer New England Sinai Hospital and Rehabil	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1312.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Joseph A. Carr**

Mailing Address 2378 Orchard Crest Blvd.

City Manasquan State NJ Zip Code 08736-4001

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

Name of Employer New Jersey Hospital Association Occupation Chief Information Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : 19596361**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047-2306

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

Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : 19596367**

Amount of Each Receipt this Period  
**1.00**

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

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **331.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : 19596374**

Amount of Each Receipt this Period  
**1.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **27.00**

**TOTAL** This Period (last page this line 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 31 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
500.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 19596381**

Amount of Each Receipt this Period  
1.00

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

Mailing Address 10 Fox Chase Road

City Malvern	State PA	Zip Code 19355-3441
-----------------	-------------	------------------------

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 ▼  
253.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 19596386**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Kenneth Anderson MD**

Mailing Address 4000 Kresge Way

City Louisville	State KY	Zip Code 40207-4605
--------------------	-------------	------------------------

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

Name of Employer Baptist Hospital East	Occupation Chief Medical Officer
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2011

**Transaction ID : 19599244**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Steven S Grinnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3941 Alameda Cres  
 City Paducah State KY Zip Code 42001-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lourdes Hospital Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599248**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Mike Esposito**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13514 Hunters Ridge Road  
 City Prospect State KY Zip Code 40059-9242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Healthcare Occupation Vice President, Cardiology Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599253**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr Michael Hendricks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6111 Two Springs Ln  
 City Louisville State KY Zip Code 40207-2368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Healthcare Occupation VP / Facilities Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599254**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott Watkins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011 <b>Transaction ID : 19599255</b>
Mailing Address 10300 Southern Meadows Unit 201		Amount of Each Receipt this Period 250.00
City Louisville	State KY	Zip Code 40241-1271
FEC ID number of contributing federal political committee. C	Name of Employer Norton Audubon Hospital	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas D Kmetz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011 <b>Transaction ID : 19599256</b>
Mailing Address 231 East Chestnut Street		Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40202-1821
FEC ID number of contributing federal political committee. C	Name of Employer Kosair Children's Hospital	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr Robert Shaw</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011 <b>Transaction ID : 19599267</b>
Mailing Address 19 Hill River Rd		Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40207-1191
FEC ID number of contributing federal political committee. C	Name of Employer Norton Healthcare	Occupation President Cancer Institute
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Bernard T Poe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 330 Roland Avenue  
City Owenton State KY Zip Code 40359-1502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New Horizons Health Systems, Inc. Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2011  
**Transaction ID : 19599268**  
Amount of Each Receipt this Period  
250.00

**B. Mr. Patrick Donahue**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4604 Highway 60 West  
City Morganfield State KY Zip Code 42437-9570  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Methodist Hospital Union County Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2011  
**Transaction ID : 19599269**  
Amount of Each Receipt this Period  
200.00

**C. Mr. Bruce D Begley**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 48  
City Henderson State KY Zip Code 42419-0048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Methodist Hospital Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2011  
**Transaction ID : 19599270**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Brian Brezosky**

Mailing Address Post Office Box 436620

City State Zip Code  
Louisville KY 40253-6620

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

Name of Employer Occupation  
Kentucky Hospital Association Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : 19599271**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Elizabeth G. Cobb**

Mailing Address P.O. Box 436629

City State Zip Code  
Louisville KY 40205-3033

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

Name of Employer Occupation  
Kentucky Hospital Association Director of Health Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : 19599272**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Kim J. Dees**

Mailing Address 2501 Nelson Miller Parkway  
Post Office Box 436629

City State Zip Code  
Louisville KY 40223-2221

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

Name of Employer Occupation  
Kentucky Hospital Association Executive Dir, Center for Health Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : 19599274**

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 36 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Paige Franklin**

Mailing Address 404 Kaelin Drive

City State Zip Code  
Louisville KY 40207-2204

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

Name of Employer Occupation  
Kentucky Hospital Association Vice President, Information Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599275**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Nancy C. Galvagni**

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code  
Louisville KY 40253

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

Name of Employer Occupation  
Kentucky Hospital Association Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599276**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Stephen P. Miller**

Mailing Address 1101 Cardinal Drive

City State Zip Code  
Louisville KY 40253-6629

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

Name of Employer Occupation  
Kentucky Hospital Association Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599278**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 214  
(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. Ms. Sarah S. Nicholson**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599281**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms. Debbie Riley**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599283**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Carol J. Walters**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599284**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 214  
(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. Mr. Charles J. Warnick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Hilltop 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  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : 19599285**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr David Russell**  
 Full Name (Last, First, Middle Initial)  
 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 Vice President Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : 19599351**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Thomas Russell**  
 Full Name (Last, First, Middle Initial)  
 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 Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : 19599352**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Kent L Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 3894 Cherry Lane

City Medford State OR Zip Code 97504-8332

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

Name of Employer Rogue Valley Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : 19599354**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City Medford State OR Zip Code 97504-8170

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

Name of Employer Asante Health System Occupation Chief Administrative and Finance Offic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : 19599356**

Amount of Each Receipt this Period  
250.00

**C. Mr. Erik Thorsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2111 Exchange Street

City Astoria State OR Zip Code 97103-3329

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

Name of Employer Columbia Memorial Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : 19599360**

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 40 OF 214
<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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Gina Plasker**

Mailing Address 17555 NW Waltuck Ct

City Portland	State OR	Zip Code 97229-8530
------------------	-------------	------------------------

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

Name of Employer Legacy Health System	Occupation Govt. Affairs
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

**Transaction ID : 19599435**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Peter F Rapp**

Mailing Address 3181 SW Sam Jackson Park Road

City Portland	State OR	Zip Code 97239-3011
------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

**Transaction ID : 19599436**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1801 Lind Avenue SW, 9016

City Renton	State WA	Zip Code 98057-3368
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

**Transaction ID : 19599491**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. David Holloway MD.**  
 Full Name (Last, First, Middle Initial)  
 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 West Valley Hospital Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : 19599508**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Michael D. Aubin**  
 Full Name (Last, First, Middle Initial)  
 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 President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601563**  
 Amount of Each Receipt this Period  
 375.00

**C. Ms. Gladys Baxley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11507 Orilla Del Rio PL  
 City Tampa State FL Zip Code 33617-2624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakeland Regional Medical Center Occupation Director Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601564**  
 Amount of Each Receipt this Period  
 345.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	970.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Forest Blanton**

Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

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

Name of Employer Occupation  
Memorial Healthcare System Chief Information Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601577**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Jerry Bridgham**

Mailing Address 1740 River Plantation Lane

City State Zip Code  
Jacksonville FL 32223-0828

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

Name of Employer Occupation  
Baptist Health Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601579**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5608 Bear Lake Circle

City State Zip Code  
Apopka FL 32703-1916

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

Name of Employer Occupation  
Florida Hospital Sr. Vice President, Managed Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601582**

Amount of Each Receipt this Period  
145.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 645.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 214  
(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. Ms. Leah A Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7800 Sheridan Street  
 City State Zip Code  
 Pembroke Pines FL 33024-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Hospital Pembroke Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601588**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Bill Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 US Highway 1  
 City State Zip Code  
 Rockledge FL 32955-5747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health First, Inc. Vice President Government and Industry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601620**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Aurelio Fernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 SW 172nd Avenue  
 City State Zip Code  
 Miramar FL 33029-5592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Hospital Miramar Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601621**  
 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 44 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Dana Ferrell Birchfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3303 Park Street  
 City Jacksonville State FL Zip Code 32205-7830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nemours Children's Clinic Occupation Director of Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601622**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Terry Garner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2614 Sherman Street  
 City Hollywood State FL Zip Code 33020-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Healthcare System Occupation Director, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601638**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. William A Giudice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Miccosukee Road  
 City Tallahassee State FL Zip Code 32308-5093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tallahassee Memorial HealthCare Occupation Vice President and Chief Financial Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601644**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 214  
(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. Mr. Richard M Irwin Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 West Colonial Drive  
 City State Zip Code  
 Ocoee FL 34761-3493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Central President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601652**  
 Amount of Each Receipt this Period  
 125.00

**B. Mr. Joe Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1055 Saxon Boulevard  
 City State Zip Code  
 Orange City FL 32763-8468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Hospital Fish Memorial President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601654**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Fred Keroff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2883 East Lake Vista Circle  
 City State Zip Code  
 Davie FL 33328-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Healthcare System Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601659**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **875.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 214  
(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**

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

Mailing Address P.O. Box 103574

City State Zip Code  
Gainesville FL 32610-3574

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

Name of Employer Occupation  
Shands HealthCare VP Managed Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601666**

Amount of Each Receipt this Period  
570.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Stephen P. Lee**

Mailing Address 5202 Mann Manor Lane

City State Zip Code  
Jacksonville FL 32210-7400

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

Name of Employer Occupation  
Baptist Medical Center Nassau Administratove Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601669**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Keith Lundquist**

Mailing Address 1600 Sunny Brook Lane

City State Zip Code  
Palm Bay FL 32905-6527

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

Name of Employer Occupation  
Health First, Inc. Vice President Marketing and Community

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : 19601674**

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1295.00

**TOTAL** This Period (last page this line 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 47 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jim L Mayo**  
Full Name (Last, First, Middle Initial)

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19601679**

Amount of Each Receipt this Period  
125.00

**B. Mr. Michael D Means**  
Full Name (Last, First, Middle Initial)

Mailing Address 6450 US Highway 1

City Rockledge	State FL	Zip Code 32955-5747
-------------------	-------------	------------------------

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

Name of Employer Health First, Inc.	Occupation President and CEO
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19601680**

Amount of Each Receipt this Period  
300.00

**C. Mr. Rich Rasmussen**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 El Destinado Drive

City Tallahassee	State FL	Zip Code 32301-1522
---------------------	-------------	------------------------

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

Name of Employer Florida Hospital Association	Occupation VP for Strategic Communications
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19601931**

Amount of Each Receipt this Period  
110.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 214
<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. Mr. Kenneth P. Resmini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2445 N. 37th Avenue

City Hollywood	State FL	Zip Code 33021-3604
-------------------	-------------	------------------------

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

Name of Employer Memorial Regional Hospital	Occupation Director of Compliance & Audit
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19601932**

Amount of Each Receipt this Period  
500.00

**B. Mr. Mark E Robitaille**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 9010

City Stuart	State FL	Zip Code 34995-9010
----------------	-------------	------------------------

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

Name of Employer Martin Memorial Health Systems	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19601937**

Amount of Each Receipt this Period  
125.00

**C. Ms. Anne B Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8250 College Parkway

City Fort Myers	State FL	Zip Code 33919-5199
--------------------	-------------	------------------------

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

Name of Employer Lee Memorial Hospital	Occupation Executive Director, Managed Care
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : 19601938**

Amount of Each Receipt this Period  
295.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	920.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Sarah Sallas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 Barrs Street  
City Jacksonville State FL Zip Code 32204-4704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Vincent's Medical Center Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 12 / 08 / 2011  
**Transaction ID : 19601940**  
Amount of Each Receipt this Period 300.00

**B. Ms. Deanna Schaeffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 N. Clyde Morris Blvd  
City Daytona Beach State FL Zip Code 32114-2731  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Halifax Health Medical Center of Dayto Occupation CEO, Healthy Communities & GR Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 08 / 2011  
**Transaction ID : 19601942**  
Amount of Each Receipt this Period 500.00

**C. Mr. Edward Sim**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12042 Cranefoot Drive  
City Jacksonville State FL Zip Code 32223-4806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baptist Health Occupation President, Physician Intergration  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 12 / 08 / 2011  
**Transaction ID : 19601950**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... **1050.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1700 South Tamiami Trail

City Sarasota State FL Zip Code 34239-3509

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

Name of Employer Sarasota Memorial Hospital Occupation Chief Medical Operations Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 08 / 2011  
**Transaction ID : 19601953**

Amount of Each Receipt this Period  
250.00

**B. Mr. William E. Woeltjen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Sonato Lane

City Apollo Beach State FL Zip Code 33572-2727

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

Name of Employer Sacred Heart Health System Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 08 / 2011  
**Transaction ID : 19601962**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3600 Washington Street

City Hollywood State FL Zip Code 33021-8216

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

Name of Employer Memorial Regional Hospital South Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 08 / 2011  
**Transaction ID : 19601966**

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 51 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Patricia G Ball EdD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 North Dallas Parkway  
 Suite 200  
 City Plano State TX Zip Code 75093-5993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHP Hospital Group Occupation Senior Vice President Strategic Develo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19603494**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Paul Kappelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4836 Twin Post RD  
 City Dallas State TX Zip Code 75244-6942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHP Hospital Group Occupation Division President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19603626**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Michael P. Guerin**  
 Full Name (Last, First, Middle Initial)  
 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 Sr. Vice President and Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19603654**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 214  
(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. Mr. Thomas Frazier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 Cliffview Dr  
 City State Zip Code  
 Plano TX 75093-2419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LHP Hospital Group Executive Vice President, Administrati  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19603671**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Dave Tupper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2809 Botticelli Dr  
 City State Zip Code  
 Henderson NV 89052-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Horizon Specialty Hospital Chief Executive Officer and Administra  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19603677**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr Richard Banta Sr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Buck Branch Road  
 City State Zip Code  
 Richmond VA 23238-6101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bon Secours-Richmond Community Hospita Trustee  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19603679**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Prevette</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19603681</b>
Mailing Address 1804 Church Side Lane		Amount of Each Receipt this Period 350.00
City Virginia Beach	State VA	Zip Code 23454-1022
FEC ID number of contributing federal political committee. C		
Name of Employer Bon Secours Hampton Roads	Occupation Director/Advocacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Douglas M. Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19603682</b>
Mailing Address 6015 Poplar Hall Drive		Amount of Each Receipt this Period 350.00
City Norfolk	State VA	Zip Code 23502-3819
FEC ID number of contributing federal political committee. C		
Name of Employer Sentara Healthcare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lydia Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19603683</b>
Mailing Address 8110 Gatehouse Rd		Amount of Each Receipt this Period 350.00
City Virginia Beach	State VA	Zip Code 23455
FEC ID number of contributing federal political committee. C		
Name of Employer Sentara Healthcare	Occupation Vice President Decision Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.50

Date of Receipt 12 / 16 / 2011  
**Transaction ID : 19603697**  
 Amount of Each Receipt this Period 2.00

**B. Mr. Sean J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 504.14

Date of Receipt 12 / 16 / 2011  
**Transaction ID : 19603700**  
 Amount of Each Receipt this Period 4.08

**C. Mr. Roger D. Sarao Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Poppy Lane  
 City Howell State NJ Zip Code 07731-1451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation VP Health Economics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.50

Date of Receipt 12 / 16 / 2011  
**Transaction ID : 19603706**  
 Amount of Each Receipt this Period 24.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.08  
**TOTAL** This Period (last page this line 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 55 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr Rocky Fredrickson , M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3366 NW Expressway, Suite 800

City	State	Zip Code
Oklahoma City	OK	73112-4458

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

Name of Employer	Occupation
INTEGRIS Health	Managing Director/Physician Integratio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 19603713**

Amount of Each Receipt this Period  
75.00

**B. Ms. Norma N Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 888

City	State	Zip Code
Lindsay	OK	73052-0888

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

Name of Employer	Occupation
Lindsay Municipal Hospital	Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : 19603714**

Amount of Each Receipt this Period  
500.00

**c. Dr. Steven D Hanks**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 100

City	State	Zip Code
New Britain	CT	06050-0100

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

Name of Employer	Occupation
New Britain General Hospital	Senior Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

**Transaction ID : 19603722**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1075.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Kevin A. Myatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 York Street

City New Haven State CT Zip Code 06510-3220

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

Name of Employer Yale-New Haven Hospital Occupation Sr. Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011

**Transaction ID : 19603723**

Amount of Each Receipt this Period  
 250.00

**B. Lynn Olson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Hart Boulevard

City Monticello State MN Zip Code 55362-8575

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

Name of Employer New River Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19608170**

Amount of Each Receipt this Period  
 350.00

**C. Ms. Kathryn Raethel RN, MPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 640 Ulukahiki Street

City Kailua State HI Zip Code 96734-4454

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

Name of Employer Castle Medical Center Occupation Vice President Patient Care Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19608176**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 57 OF 214  
(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. Mr. Jeffrey M Fried**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : 19608183**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. E Dean Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 South Shoop Avenue  
 City Wauseon State OH Zip Code 43567-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fulton County Health Center Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608463**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. James R Pancoast**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 West Fourth Street  
 City Dayton State OH Zip Code 45402-1840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Health Partners Occupation President and Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3052.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608480**  
 Amount of Each Receipt this Period  
 1802.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2552.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 214  
(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. Ms. Barbara J Petee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Richards Road  
 City Toledo State OH Zip Code 43607-1037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProMedica Health System Occupation Vice President Community and Governmen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608482**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Jonathan Archey**  
 Full Name (Last, First, Middle Initial)  
 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 Federal Relations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608497**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Mina H Ubbing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 North Ewing Street  
 City Lancaster State OH Zip Code 43130-3372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fairfield Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608523**  
 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)	PAGE 59 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Fred M DeGrandis**  
Full Name (Last, First, Middle Initial)

Mailing Address 18101 Lorain Avenue

City Cleveland State OH Zip Code 44111-5612

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

Name of Employer Cleveland Clinic Health System Occupation Chair, Community Physician Partnership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : 19608524**

Amount of Each Receipt this Period 510.00

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

Mailing Address 950 West Wooster Street

City Bowling Green State OH Zip Code 43402-2603

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

Name of Employer Wood County Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : 19608525**

Amount of Each Receipt this Period 1250.00

**C. Dr. James M Sudimack MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2774 Timber Creek Dr. N

City Cortland State OH Zip Code 44410-1756

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

Name of Employer Ohio Hospital Association Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : 19608527**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2260.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Claus von Zychlin**

Mailing Address 793 West State Street

City State Zip Code  
Columbus OH 43222-1551

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

Name of Employer Occupation  
Mount Carmel President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1002.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608531**

Amount of Each Receipt this Period  
501.00

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

Mailing Address 731 Elm Ave.

City State Zip Code  
Terrace Park OH 45174-1203

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

Name of Employer Occupation  
Mercy Health Partners - SW Ohio President & Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608533**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2139 Auburn Avenue

City State Zip Code  
Cincinnati OH 45219-2906

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

Name of Employer Occupation  
Christ Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608534**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1251.00

**TOTAL** This Period (last page this line 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 61 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Olas A Hubbs III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 London Avenue  
 City Marysville State OH Zip Code 43040-5512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital of Union County Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608535**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Patrick J Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 272 Benedict Avenue  
 City Norwalk State OH Zip Code 44857-2374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fisher-Titus Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608542**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Melvin H Fahs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 North Columbus Street  
 City Hicksville State OH Zip Code 43526-1250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Memorial Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608543**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Cynthia Moore-Hardy</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011 <b>Transaction ID : 19608544</b>
Mailing Address 7590 Auburn Road		Amount of Each Receipt this Period 500.00
City Painesville	State OH	Zip Code 44077-9176
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Szubski</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011 <b>Transaction ID : 19608545</b>
Mailing Address 11100 Euclid Avenue		Amount of Each Receipt this Period 1000.00
City Cleveland	State OH	Zip Code 44106-1716
FEC ID number of contributing federal political committee. C		
Name of Employer University Hospitals	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Dale E Thornton</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011 <b>Transaction ID : 19608546</b>
Mailing Address 45 St Lawrence Drive		Amount of Each Receipt this Period 1250.00
City Tiffin	State OH	Zip Code 44883-8310
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Tiffin Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Bryan D. Hehemann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Hunter Woods Dr  
 City Oxford State OH Zip Code 45056-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McCullough-Hyde Memorial Hospital Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608547**  
 Amount of Each Receipt this Period  
 417.50

**B. Mr. Scott C Malaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 South Main Street  
 City Findlay State OH Zip Code 45840-1214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blanchard Valley Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608548**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Mary Alice Annecharico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 Goodman Street  
 City Cincinnati State OH Zip Code 45219-2364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospital Occupation Sr. Vice President and Chief Informati  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608549**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1417.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 214  
(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. Dr. Achilles Demetriou**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608550**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Richard Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12340 Bass Lake Road  
 City Chardon State OH Zip Code 44024-8327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Extended Care Cam Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608551**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. William Annable**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2464 Guilford RD  
 City Cleveland Heights State OH Zip Code 44118-4104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Occupation Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608552**  
 Amount of Each Receipt this Period  
 500.00

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



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

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

FOR LINE NUMBER: PAGE 65 OF 214  
(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. Ms. Janet L Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-5000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Occupation Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608553**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Fred C Rothstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Case Medical Cent Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608554**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Paul Tait**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6560 Thorntree Drive  
 City Brecksville State OH Zip Code 44141-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Occupation Sr VP, Strategic Planning & Bus Develo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608555**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Thomas F Zenty III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608556**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Keith E. Maitland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31415 Tuttle Drive  
 City Bay Village State OH Zip Code 44140-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospital Occupation President, UH Home Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608557**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Ron Dziedzicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Case Medical Cent Occupation Chief Support Services Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19608558**  
 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 67 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 158 West Main Road

City Conneaut State OH Zip Code 44030-2039

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

Name of Employer University Hospitals Conneaut Medical Occupation Interim President and Chief Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : 19608559**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Eric Bieber MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Case Medical Cent Occupation Vice President and Chief Information O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : 19608560**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Richard J Frenchie**  
Full Name (Last, First, Middle Initial)

Mailing Address 13207 Ravenna Road

City Chardon State OH Zip Code 44024-7032

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

Name of Employer University Hospitals Geauga Regional H Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : 19608561**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Ms. Heidi Gartland**  
Full Name (Last, First, Middle Initial)

Mailing Address 7604 Andover Way

City Hudson State OH Zip Code 44236-4616

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

Name of Employer University Hospitals Occupation Vice President Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : 19608562**

Amount of Each Receipt this Period  
**250.00**

**B. Mr. Brent Carson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1783 Farris Garden Path

City Westlake State OH Zip Code 44145-2067

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

Name of Employer University Hospitals Case Medical Cent Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : 19608563**

Amount of Each Receipt this Period  
**250.00**

**C. Ms. Sandra B Bruce**  
Full Name (Last, First, Middle Initial)

Mailing Address 7435 West Talcott Avenue

City Chicago State IL Zip Code 60631-3707

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

Name of Employer Provena-Resurrection Health Care Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19608566**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Donna Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 931 Lusted Lane  
City Batavia State IL Zip Code 60510-2783  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advocate Health Care Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2011  
**Transaction ID : 19608568**  
Amount of Each Receipt this Period 500.00

**B. Dr. Ann Errichetti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 South Milwaukee Avenue  
City Libertyville State IL Zip Code 60048-3204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advocate Condell Medical Center Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2011  
**Transaction ID : 19608569**  
Amount of Each Receipt this Period 500.00

**C. Mr. Scott E. Armstrong**  
Full Name (Last, First, Middle Initial)  
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 President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2011  
**Transaction ID : 19608576**  
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 70 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Richard W Linneweh Jr.**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19608577**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Gregory D Sawyer MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2811 Tieton Drive  
 City Yakima State WA Zip Code 98902-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yakima Valley Memorial Hospital Occupation Vice President Physician Practices  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19608578**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Kevin Walstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1115 SE 164th Avenue Box A  
 City Vancouver State WA Zip Code 98684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PeaceHealth Occupation Sr. Vice President, Chief Financial Of  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19608599**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Gail Weaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4902 Webster Road  
City Yakima State WA Zip Code 98908-2451  
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 / 16 / 2011  
**Transaction ID : 19608600**  
Amount of Each Receipt this Period  
250.00

**B. Mr. John R White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 East Wheeler Road  
City Moses Lake State WA Zip Code 98837-1820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Klickitat Valley Health Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 16 / 2011  
**Transaction ID : 19608601**  
Amount of Each Receipt this Period  
250.00

**C. Mr. Michael D. Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1228 E. Overbluff  
City Spokane State WA Zip Code 99203-3453  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence Sacred Heart Medical Center Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 16 / 2011  
**Transaction ID : 19608602**  
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 72 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Florence Chang</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19609231</b>
Mailing Address 2116 87th Street NW		Amount of Each Receipt this Period 175.00
City Gig Harbor	State WA	Zip Code 98332-7551
FEC ID number of contributing federal political committee. C	Name of Employer MultiCare Health System	Occupation Sr. Vice President, Clinical Support S
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeff Collins MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19609232</b>
Mailing Address 101 West Eighth Avenue		Amount of Each Receipt this Period 250.00
City Spokane	State WA	Zip Code 99204-2307
FEC ID number of contributing federal political committee. C	Name of Employer Providence Sacred Heart Medical Center	Occupation Chief Medical Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sandra Dahl</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19609233</b>
Mailing Address 5502 Webster Avenue		Amount of Each Receipt this Period 250.00
City Yakima	State WA	Zip Code 98908-3698
FEC ID number of contributing federal political committee. C	Name of Employer Yakima Valley Memorial Hospital	Occupation Vice President, Nursing & Patient Care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5909 West Pima Court

City State Zip Code  
Spokane WA 99208-9010

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

Name of Employer Occupation  
Providence Sacred Heart Medical Center Vice President, Cardiovascular & Trans

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011

**Transaction ID : 19609234**

Amount of Each Receipt this Period  
250.00

**B. Dr. Anthony Hafel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5003 Old Stump Dr. NW

City State Zip Code  
Gig Harbor WA 98332-7801

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

Name of Employer Occupation  
Franciscan Health System Vice President Quality and Administrat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011

**Transaction ID : 19609235**

Amount of Each Receipt this Period  
250.00

**C. Ms Dixie Hansen RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7147 Tracyton Blvd.

City State Zip Code  
Bremerton WA 98311-8909

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

Name of Employer Occupation  
Harrison Medical Center Retired Administrative Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011

**Transaction ID : 19609236**

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Josiah Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011
Mailing Address 19 Curtis Lane		<b>Transaction ID : 19609237</b>
City Longview	State WA	Zip Code 98632-5377
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer PeaceHealth St. Joseph Medical Center	Occupation CEO/Chief Mission Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Glenn Kasman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011
Mailing Address 407 14th Avenue SE		<b>Transaction ID : 19609238</b>
City Puyallup	State WA	Zip Code 98372-3770
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Multicare Good Samaritan Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Petra Knowles</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011
Mailing Address P O Box 1600		<b>Transaction ID : 19609239</b>
City Vancouver	State WA	Zip Code 98668-1600
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer PeaceHealth Southwest Medical Center	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 75 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Russ Myers**

Mailing Address 2908 Shelton Avenue

City State Zip Code  
Yakima WA 98902-4073

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

Name of Employer Occupation  
Yakima Valley Memorial Hospital Senior Vice President and Chief Operat

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19609240**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 603 South Chestnut Street

City State Zip Code  
Ellensburg WA 98926-3875

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

Name of Employer Occupation  
Kittitas Valley Community Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19609241**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Laird Pisto**

Mailing Address P O Box 1247

City State Zip Code  
Puyallup WA 98371-0192

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

Name of Employer Occupation  
Multicare Good Samaritan Hospital Associate General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : 19609242**

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 76 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Jeanell Rasmussen RN**

Mailing Address 914 South Scheuber Road

City Centralia      State WA      Zip Code 98531-9027

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

Name of Employer Providence Centralia Hospital      Occupation Vice President/Chief Nursing Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011  
**Transaction ID : 19609243**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address P O Box 719

City Sunnyside      State WA      Zip Code 98944-0719

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

Name of Employer Sunnyside Community Hospital      Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011  
**Transaction ID : 19609244**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Donna Smith**

Mailing Address 1100 Ninth Avenue  
PO Box 900

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 Hospital Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011  
**Transaction ID : 19609245**

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 77 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Claire Spain-Remy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : 19609246</b>
Mailing Address PO Box 5299 MS: 1501-2-MMG		Amount of Each Receipt this Period 250.00
City Tacoma	State WA	Zip Code 98415-0299
FEC ID number of contributing federal political committee.	C	
Name of Employer MultiCare Health System	Occupation Medical Vice President, Specialty Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Francis D Fraher</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2011 <b>Transaction ID : 19609277</b>
Mailing Address 372 Larch Ave		Amount of Each Receipt this Period 500.00
City Elmhurst	State IL	Zip Code 60126-2314
FEC ID number of contributing federal political committee.	C	
Name of Employer Northwestern Memorial Hospital	Occupation Vice President and Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Bjarne Jensen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2011 <b>Transaction ID : 19609278</b>
Mailing Address 2406 Argonne Ave.		Amount of Each Receipt this Period 250.00
City Springfield	State IL	Zip Code 62704-4163
FEC ID number of contributing federal political committee.	C	
Name of Employer Hospital Sisters Health System	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Peter McCanna</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2011
Mailing Address 2025 Schiller		<b>Transaction ID : 19609291</b>
City Wilmette	State IL	Zip Code 60091-2323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Memorial Hospital	Occupation Senior Vice President and Chief Financ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Larry P Schumacher</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2011
Mailing Address 2024 S Illini Rdt		<b>Transaction ID : 19609292</b>
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sacred Heart Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary Starmann-Harrison</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2011
Mailing Address P O Box 19456		<b>Transaction ID : 19609293</b>
City Springfield	State IL	Zip Code 62794-9456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hospital Sisters Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Paula Noble**  
Full Name (Last, First, Middle Initial)  
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 / 19 / 2011  
**Transaction ID : 19609295**  
Amount of Each Receipt this Period 250.00

**B. Ms. Maryjane Wurth**  
Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt 12 / 19 / 2011  
**Transaction ID : 19609298**  
Amount of Each Receipt this Period 500.00

**C. Mr. Tim Zoph**  
Full Name (Last, First, Middle Initial)  
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 Senior Vice President and Chief Inform  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2011  
**Transaction ID : 19609299**  
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 80 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Terri L. Allen</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011 <b>Transaction ID : 19609300</b>
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 750.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1094.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Baiardo</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011 <b>Transaction ID : 19609301</b>
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 200.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne Burn</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011 <b>Transaction ID : 19609304</b>
Mailing Address 1151 East Warrenville Road		Amount of Each Receipt this Period 200.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Manager, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Marylynn Clarke**

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 Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19609305**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Ms Marie Cleary-Fishman**

Mailing Address 7435 West Talcott Avenue

City Chicago State IL Zip Code 60631-3707

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

Name of Employer Illinois Hospital Association Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19609306**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. Ms Loretta Contreras**

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 Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19609307**

Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 82 OF 214  
(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**

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

Mailing Address 740 North Hayes

City State Zip Code  
Oak Park IL 60302-1706

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

Name of Employer Occupation  
Illinois Hospital Association Sr. VP, General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1104.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011  
**Transaction ID : 19609311**

Amount of Each Receipt this Period  
**750.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Nancy DeMarco**

Mailing Address 1151 East Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Occupation  
Illinois Hospital Association Director of Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1094.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011  
**Transaction ID : 19609312**

Amount of Each Receipt this Period  
**750.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Tamara Lynn Gamrat**

Mailing Address 1911 Hamilton Street

City State Zip Code  
Murphysboro IL 62966-1519

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

Name of Employer Occupation  
Illinois Hospital Association Senior Risk Management Coordination

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **286.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011  
**Transaction ID : 19609313**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Cathy N. Grossi</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011
Mailing Address 113 S. LaGrange Road		<b>Transaction ID : 19609317</b>
City La Grange	State IL	Zip Code 60525-2457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Illinois Hospital Association	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ann C. Guild</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		<b>Transaction ID : 19609318</b>
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Illinois Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 729.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Ed Holtzhauer</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011
Mailing Address 1151 East Warrenville Road		<b>Transaction ID : 19609347</b>
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Illinois Hospital Association	Occupation Senior Vice President, IL Risk Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1094.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 214  
(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**

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

Mailing Address 1151 East Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Occupation  
Illinois Hospital Association Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
261.00

Date of Receipt  
 /  /   
**Transaction ID : 19609348**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Thomas Jendro**

Mailing Address 1151 East Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Occupation  
Illinois Hospital Association Senior Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.00

Date of Receipt  
 /  /   
**Transaction ID : 19609349**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 1151 E. Warranville Rd.

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Occupation  
Illinois Hospital Association Chief of Staff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1094.00

Date of Receipt  
 /  /   
**Transaction ID : 19609350**

Amount of Each Receipt this Period  
750.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Nichole Magalis**

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 Senior Director, Government Relations
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 19609355**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Mr. William R. McAndrew**

Mailing Address 700 South Second St.

City Springfield	State IL	Zip Code 62704-2516
---------------------	-------------	------------------------

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

Name of Employer Illinois Hospital Association	Occupation Senior Director
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 19609356**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. Ms Dianne O'Donnell**

Mailing Address 1151 East Warrenville Road

City Naperville	State IL	Zip Code 60563-9339
--------------------	-------------	------------------------

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

Name of Employer Illinois Hospital Association	Occupation Director, Sales & Marketing
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : 19609360**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Kimberly Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 N. Capitol Street, NW  
Suite 585

City Washington State DC Zip Code 20001-1502

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

Name of Employer Illinois Hospital Association Occupation Vice President, Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
12 / 19 / 2011  
**Transaction ID : 19609362**

Amount of Each Receipt this Period  
200.00

**B. Mr. Clint Parram**  
Full Name (Last, First, Middle Initial)

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 Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 388.00

Date of Receipt  
12 / 19 / 2011  
**Transaction ID : 19609363**

Amount of Each Receipt this Period  
250.00

**C. Mr. Howard A. Peters III**  
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Southwoods Road

City Springfield State IL Zip Code 62707-6070

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

Name of Employer Illinois Hospital Association Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 784.00

Date of Receipt  
12 / 19 / 2011  
**Transaction ID : 19609365**

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 214  
(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. Mr Timothy Phillip**  
 Full Name (Last, First, Middle Initial)  
 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 Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011  
**Transaction ID : 19609366**  
 Amount of Each Receipt this Period  
 200.00

**B. Mr. Jeffrey M Brannon**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609369**  
 Amount of Each Receipt this Period  
 1000.00

**c. Mr. Gary R Gore**  
 Full Name (Last, First, Middle Initial)  
 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 Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609370**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 88 OF 214  
(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**

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

Mailing Address P O Box 890

City Demopolis State AL Zip Code 36732-0890

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

Name of Employer Bryan W. Whitfield Memorial Hospital Occupation Administrator and Chief Executive Offi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609371**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Talana Bell**

Mailing Address P O Box 6907

City Dothan State AL Zip Code 36302-6907

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

Name of Employer Flowers Hospital Occupation Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609372**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Ms Lisa M Goodlett**

Mailing Address 3000 St Matthews Road

City Orangeburg State SC Zip Code 29118-1442

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

Name of Employer Baptist Medical Center South Occupation Vice President Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609373**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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



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

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

FOR LINE NUMBER: PAGE 89 OF 214  
(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. Mr. Ronald S Owen**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609374**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms Martha Seahorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 263 Old Five Notch Road  
 City Whitesburg State GA Zip Code 30185-2360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shelby Baptist Medical Center Occupation Vice President, Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609375**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. J Peter Selman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3306 Thomas Ave  
 City Montgomery State AL Zip Code 36111-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Medical Center East Occupation Administrator and Chief Executive Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19609376**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Rivers</b>		Date of Receipt 12 / 19 / 2011 <b>Transaction ID : 19609378</b>
Mailing Address 1151 E. Warrenville Rd.		Amount of Each Receipt this Period 200.00
City Naperville	State IL	Zip Code 60563-9339
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Senior Director, Data & Policy Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Patrick Sonin</b>		Date of Receipt 12 / 19 / 2011 <b>Transaction ID : 19609379</b>
Mailing Address 1152 Alder		Amount of Each Receipt this Period 200.00
City Bartlett	State IL	Zip Code 60103-1660
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jo Ann Spoor</b>		Date of Receipt 12 / 19 / 2011 <b>Transaction ID : 19609380</b>
Mailing Address 700 South Second Street		Amount of Each Receipt this Period 300.00
City Springfield	State IL	Zip Code 62704-2516
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Director, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Mary A. Stankos**

Mailing Address 1151 East Warrenville

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Director, Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19609381**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Patricia Welsch**

Mailing Address 1151 E. Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19609383**

Amount of Each Receipt this Period  
 200.00

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

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 Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1094.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : 19609385**

Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Patricia Davis**

Mailing Address 4414 Manchester Court

City State Zip Code  
Norman OK 73072-3915

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

Name of Employer Occupation  
Oklahoma Hospital Association Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 23 / 2011  
**Transaction ID : 19609605**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. LaWanna S. Halstead RN, MPH**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
Oklahoma City OK 73105-5207

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

Name of Employer Occupation  
Oklahoma Hospital Association VP, Quality & Clinical Initiatives

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 23 / 2011  
**Transaction ID : 19609607**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Craig W Jones**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
Oklahoma City OK 73105-5207

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

Name of Employer Occupation  
Oklahoma Hospital Association President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 23 / 2011  
**Transaction ID : 19609608**

Amount of Each Receipt this Period  
900.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**TOTAL** This Period (last page this line 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 93 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Rick Snyder**  
Full Name (Last, First, Middle Initial)

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 Vice President, Finance & Information

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 19609609**

Amount of Each Receipt this Period 500.00

**B. Ms. Jaconna Tiller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3300 NW Expressway

City Oklahoma City State OK Zip Code 73112-4418

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

Name of Employer Integris Baptist Medical Center Occupation Vice President, Patient Care Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 19609611**

Amount of Each Receipt this Period 250.00

**C. Ms. Mary Winters**  
Full Name (Last, First, Middle Initial)

Mailing Address 7750 N Chisholm Hill Rd

City Yukon State OK Zip Code 73099-9134

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

Name of Employer Oklahoma Hospital Association Occupation VP Education & Support Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 19609612**

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 94 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2939 SW Hamilton Street

City Portland	State OR	Zip Code 97239-1307
------------------	-------------	------------------------

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

Name of Employer Apprise Health Insights	Occupation Consultant
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

**Transaction ID : 19609733**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 14717 Dover Road

City Reisterstown	State MD	Zip Code 21136-3813
----------------------	-------------	------------------------

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

Name of Employer Union Memorial Hospital	Occupation Executive VP and General Counsel
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 19613032**

Amount of Each Receipt this Period  
255.00

**C. Mr. Claudio D Fort**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Prouty Drive

City Newport	State VT	Zip Code 05855-9326
-----------------	-------------	------------------------

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

Name of Employer North Country Hospital and Health Cent	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 19613039**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	855.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven R Gordon**

Mailing Address 17 Belmont Avenue

City State Zip Code  
Brattleboro VT 05301-7601

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613040**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 8820 Burdette Road

City State Zip Code  
Bethesda MD 20817-2807

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

Name of Employer Occupation  
MedStar Health President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1005.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613088**

Amount of Each Receipt this Period  
1005.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Carl J Schindelar**

Mailing Address 2321 Kings Arm Drive

City State Zip Code  
Fallston MD 21047-1248

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

Name of Employer Occupation  
MedStar Health Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613090**

Amount of Each Receipt this Period  
340.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1695.00

**TOTAL** This Period (last page this line 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 96 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Kevin J Sexton**  
Full Name (Last, First, Middle Initial)

Mailing Address 811 Woodside Parkway

City Silver Spring State MD Zip Code 20910-4275

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

Name of Employer Holy Cross Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613091**

Amount of Each Receipt this Period  
 255.00

**B. Ms. Christine Swearingen**  
Full Name (Last, First, Middle Initial)

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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613109**

Amount of Each Receipt this Period  
 255.00

**C. William L Thomas M.D.**  
Full Name (Last, First, Middle Initial)

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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613110**

Amount of Each Receipt this Period  
 255.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Eric R. Wagner**  
Full Name (Last, First, Middle Initial)

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 for External

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 28 / 2011  
**Transaction ID : 19613111**

Amount of Each Receipt this Period 255.00

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

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 ▼ 510.00

Date of Receipt 12 / 28 / 2011  
**Transaction ID : 19613113**

Amount of Each Receipt this Period 102.00

**C. Mr. Michael K Lauf**  
Full Name (Last, First, Middle Initial)

Mailing Address 88 Lewis Bay Road

City Hyannis State MA Zip Code 02601-5210

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

Name of Employer Cape Cod Healthcare, Inc. Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt 12 / 23 / 2011  
**Transaction ID : 19613458**

Amount of Each Receipt this Period 562.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 919.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 214
<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. Mr. Kim Norton Hollon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 Centre Street  
 City Brockton State MA Zip Code 02302-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Signature Healthcare Brockton Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 19613459**  
 Amount of Each Receipt this Period  
 375.00

**B. Mr. Dennis B Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 North Dixie Avenue  
 City Elizabethtown State KY Zip Code 42701-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hardin Memorial Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613462**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. Brian Brezosky**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613463**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Elizabeth G. Cobb**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613464**  
 Amount of Each Receipt this Period  
 300.00

**B. Ms. Kim J. Dees**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613465**  
 Amount of Each Receipt this Period  
 300.00

**C. Ms. Paige Franklin**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613466**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Nancy C. Galvagni**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613467**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Stephen P. Miller**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613468**  
 Amount of Each Receipt this Period  
 300.00

**C. Ms. Sarah S. Nicholson**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613469**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Debbie Riley**

Mailing Address 502 Trotwood Place

City State Zip Code  
Louisville KY 40245-4071

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

Name of Employer Occupation  
Kentucky Hospital Association Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613470**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Carol J. Walters**

Mailing Address Post Office Box 436629

City State Zip Code  
Louisville KY 40253-6629

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

Name of Employer Occupation  
Kentucky Hospital Association Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613471**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Charles J. Warnick**

Mailing Address 120 Hilltop Meadow

City State Zip Code  
Frankfort KY 46001

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

Name of Employer Occupation  
Baptist Hospital East Director of Planning

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613472**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jeffrey B. Johnston</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19613473</b>
Mailing Address 8300 Delmar Blvd. Apt. 304		Amount of Each Receipt this Period 500.00
City Saint Louis	State Zip Code MO 63124-2191	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Mercy Hospital St. Louis	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Claire L Bowen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19613476</b>
Mailing Address 243 Elm Street		Amount of Each Receipt this Period 350.00
City Claremont	State Zip Code NH 03743-2099	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00
Name of Employer Valley Regional Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James Weinstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19613477</b>
Mailing Address One Medical Center Drive		Amount of Each Receipt this Period 1000.00
City Lebanon	State Zip Code NH 03756-1000	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Dartmouth-Hitchcock Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

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

Mailing Address 80 Highland Street

City Laconia State NH Zip Code 03246-3235

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

Name of Employer LRGHealthcare Occupation Executive Vice President and Chief Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 28 / 2011**

**Transaction ID : 19613479**

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Lee Kearney**

Mailing Address 7611 SE Evergreen Highway

City Vancouver State WA Zip Code 98664-1721

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

Name of Employer PeaceHealth Southwest Medical Center Occupation Chair, Governing Board

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 27 / 2011**

**Transaction ID : 19613482**

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Ronald Prill**

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 PeaceHealth Southwest Medical Center Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 27 / 2011**

**Transaction ID : 19613483**

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 104 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5250 Neil Road, Suite 302

City Reno	State NV	Zip Code 89502-6568
--------------	-------------	------------------------

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

Name of Employer Nevada Hospital Association	Occupation President and Chief Executive Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 19613484**

Amount of Each Receipt this Period  

500.00
--------

**B. Mr. Spencer L. Grover**  
Full Name (Last, First, Middle Initial)

Mailing Address 3636 Emily Way

City Carmel	State IN	Zip Code 46033-4442
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2011

**Transaction ID : 19613519**

Amount of Each Receipt this Period  

500.00
--------

**C. Mr. Douglas J Leonard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 American Sq Ste 900

City Indianapolis	State IN	Zip Code 46282-0020
----------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2011

**Transaction ID : 19613520**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian Tabor</b>		Date of Receipt 12 / 27 / 2011 <b>Transaction ID : 19613521</b>
Mailing Address 10762 Forest Lake Court		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David H. Wiesman</b>		Date of Receipt 12 / 27 / 2011 <b>Transaction ID : 19613522</b>
Mailing Address 4521 Hickory Grove Blvd.		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew Anderson JD</b>		Date of Receipt 12 / 27 / 2011 <b>Transaction ID : 19613523</b>
Mailing Address 2550 University Avenue W.		Amount of Each Receipt this Period 269.29
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.22	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1269.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Ann Gibson</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2011 <b>Transaction ID : 19613524</b>
Mailing Address 2550 University Avenue W. Suite 350-S		Amount of Each Receipt this Period 134.61
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>B. Ms. Janice Hennings</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2011 <b>Transaction ID : 19613525</b>
Mailing Address 2550 University Ave. W., Suite 350		Amount of Each Receipt this Period 35.00
City Saint Paul	State MN	Zip Code 55114-1907
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Hospital Association	Occupation Communications Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Ben Peltier</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2011 <b>Transaction ID : 19613526</b>
Mailing Address 2550 University Avenue W. Suite 350-S		Amount of Each Receipt this Period 318.15
City Saint Paul	State MN	Zip Code 55114-1907
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Hospital Association	Occupation Vice President, Legal Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	487.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Joe Schindler**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

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

Name of Employer Occupation  
Minnesota Hospital Association Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : 19613527**

Amount of Each Receipt this Period  
134.61

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

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

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

Name of Employer Occupation  
Minnesota Hospital Association Vice President of Information Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : 19613528**

Amount of Each Receipt this Period  
140.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Peggy Westby**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

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

Name of Employer Occupation  
Minnesota Hospital Association Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : 19613530**

Amount of Each Receipt this Period  
134.61

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 409.22

**TOTAL** This Period (last 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. Mr. Francis G Albarano**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613535**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. James Callaghan II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2910 Mt. Claire Way  
 City Long Beach State IN Zip Code 46360-1718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franciscan St. Anthony Health - Michig Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613547**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Jane Craigin**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613553**  
 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 109 OF 214
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Thomas Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Forest Drive

City Frankfort State IN Zip Code 46041-2636

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

Name of Employer St. Vincent Frankfort Hospital Occupation Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : 19613554**

Amount of Each Receipt this Period  
 250.00

**B. Mr. Kyle De Fur**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 40970

City Indianapolis State IN Zip Code 46240-0970

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

Name of Employer St. Vincent Indianapolis Hospital Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : 19613557**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Eugene Diamond**  
Full Name (Last, First, Middle Initial)

Mailing Address 12109 South 87th Avenue

City Palos Park State IL Zip Code 60464-1206

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

Name of Employer Franciscan Alliance Occupation Regional CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : 19613558**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(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. Ms. Barbara M Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21782 Bluebird Lane  
 City State Zip Code  
 Frankfort IL 60423-2294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Franciscan Physicians Hospital President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613561**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Thomas J Gryzbek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1335 Capri Lane  
 City State Zip Code  
 Dyer IN 46311-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Franciscan St. Margaret Health - Hammo President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613562**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr. Raymond V Ingham , Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 217 East Drive  
 City State Zip Code  
 Lebanon IN 46052-1221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Witham Memorial Hospital President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613569**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 111 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Paul Janssen**

Mailing Address 601 Hosier Drive

City State Zip Code  
New Castle IN 47362-2940

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

Name of Employer Occupation  
Henry County Hospital Hospital President and Chief Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613570**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Chad Killian**

Mailing Address 10571 Elizabeth Court

City State Zip Code  
Carmel IN 46032-8231

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

Name of Employer Occupation  
St. Vincent Health Chief Legal Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613572**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Kevin D Leahy**

Mailing Address 51015 Shamrock Hills Court

City State Zip Code  
Granger IN 46530-7830

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

Name of Employer Occupation  
Franciscan Alliance President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613575**

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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Shawn W McCoy**

Mailing Address 416 S. Roosevelt Dr.

City State Zip Code  
Evansville IN 47714-1630

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

Name of Employer Occupation  
Deaconess Hospital CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613580**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Ronald L Mead**

Mailing Address 4277 Sedge Ct.

City State Zip Code  
Zionsville IN 46077-8526

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

Name of Employer Occupation  
St. Vincent Health SVP/Chief Mission Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613581**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Brian K. Ring**

Mailing Address 1111 Fox Hollow Road

City State Zip Code  
New Castle IN 47362-8949

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

Name of Employer Occupation  
Henry County Hospital Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613590**

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David Ruskowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 South Main Street  
 City State Zip Code  
 Crown Point IN 46307-8481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Franciscan St. Anthony Health - Crown President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613591**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Bernadine Marcuccilli Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 Overlook Road  
 City State Zip Code  
 Marion IN 46952-1330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Marion General Hospital Chief Nursing Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613601**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Allison D. Wharry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10330 N. Meridian Street, Ste 415  
 City State Zip Code  
 Indianapolis IN 46290-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Vincent Health System Director Health Policy and Gov'  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011  
**Transaction ID : 19613602**  
 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 114 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Thomas J McAfee**  
Full Name (Last, First, Middle Initial)

Mailing Address 660 North Westmoreland Road

City Lake Forest State IL Zip Code 60045-1659

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

Name of Employer Northwestern Lake Forest Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19613609**

Amount of Each Receipt this Period  
375.00

**B. Mr. Larry Ragel**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 East Carpenter Street

City Springfield State IL Zip Code 62769-0002

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

Name of Employer St. John's Hospital Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19613610**

Amount of Each Receipt this Period  
250.00

**C. Mr. Robert Christie**  
Full Name (Last, First, Middle Initial)

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 Vice President Government and Legislat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19613611**

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**

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

**A. Ms. Michelle Janney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 Meadow Lane  
 City State Zip Code  
 Glenview IL 60025-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Memorial Hospital Sr. VP/Chief Nurse Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613612**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Dean M Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 East Huron Street  
 City State Zip Code  
 Chicago IL 60611-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Memorial Healthcare President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613613**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Charles Lucore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 East Carpenter Street  
 City State Zip Code  
 Springfield IL 62769-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. John's Hospital Executive Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613616**  
 Amount of Each Receipt this Period  
 800.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Carol Lind**  
 Full Name (Last, First, Middle Initial)  
 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 Senior Vice President and General Coun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613617**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Frank G McDougall Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Medical Center Drive  
 City Lebanon State NH Zip Code 03756-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dartmouth-Hitchcock Medical Center Occupation Vice President Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613618**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Anne Jamieson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 Borthwick Avenue  
 City Portsmouth State NH Zip Code 03801-7128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Portsmouth Regional Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613619**  
 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**

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

**A. Mr. Arthur W Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Bradford Rd  
 City Keene State NH Zip Code 03431-1718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cheshire Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613620**  
 Amount of Each Receipt this Period  
 350.00

**B. Ms. Leslie K. Melby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 375 Farrington Colner Road  
 City Hopkinton State NH Zip Code 03229-2021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Hampshire Hospital Association Occupation Vice President, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613621**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Dennis Murphy**  
 Full Name (Last, First, Middle Initial)  
 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 Healthcare Occupation Executive Vice President and Chief Ope  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613624**  
 Amount of Each Receipt this Period  
 800.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Julie Lehr Creamer**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613625**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Kevin Breheny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 847 Jason's Way  
 City Forsyth State IL Zip Code 62535-9648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Mary's Hospital Occupation Chairman of Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613626**  
 Amount of Each Receipt this Period  
 800.00

**C. Dr. Alan Frigy M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 East Ninth Street  
 City Pana State IL Zip Code 62557-1785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pana Community Hospital Occupation Chief of Medical Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19613627**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Marie E Knedler RN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19613656</b>
Mailing Address 17683 Lochland Ridge		Amount of Each Receipt this Period 25.00
City Council Bluffs	State IA	Zip Code 51503-4493
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alegent Health-Bergan Mercy Medical Ce	Occupation Vice President and Chief Operating Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ryan C. Larsen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19613659</b>
Mailing Address 925 Reavis Street		Amount of Each Receipt this Period 250.00
City Falls City	State NE	Zip Code 68355-3142
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Community Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin F Kast</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615679</b>
Mailing Address 1800 East Lake Shore Drive		Amount of Each Receipt this Period 800.00
City Decatur	State IL	Zip Code 62521-3810
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Mary's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1075.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 120 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Kevin Oliver**

Mailing Address 784 Stevens Creek Blvd.

City State Zip Code  
Forsyth IL 62535-9741

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

Name of Employer Occupation  
St. Mary's Hospital Development Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615680**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert Wiesemann**

Mailing Address 160 Southbrooke Ct

City State Zip Code  
Decatur IL 62521-8464

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

Name of Employer Occupation  
St. Mary's Hospital Chairmann of Board

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615681**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Molly Wilson**

Mailing Address 670 South Monroe St

City State Zip Code  
Decatur IL 62522-3231

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

Name of Employer Occupation  
St. Mary's Hospital CCO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615682**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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



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

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

FOR LINE NUMBER: PAGE 121 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Colleen Kannaday**

Mailing Address P O Box 2850

City State Zip Code  
Bloomington IL 61702-2850

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

Name of Employer Occupation  
Advocate BroMenn Medical Center President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615683**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Ann Errichetti**

Mailing Address 801 South Milwaukee Avenue

City State Zip Code  
Libertyville IL 60048-3204

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

Name of Employer Occupation  
Advocate Condell Medical Center President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615684**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3815 Highland Avenue

City State Zip Code  
Downers Grove IL 60515-1500

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

Name of Employer Occupation  
Advocate Good Samaritan Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615685**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Edgar J Curtis</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : 19615686</b>
Mailing Address 701 North First Street		Amount of Each Receipt this Period 700.00
City Springfield	State IL	Zip Code 62781-0001
FEC ID number of contributing federal political committee. C	Name of Employer Memorial Health System	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Karen A Lambert</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : 19615687</b>
Mailing Address 450 West Highway 22		Amount of Each Receipt this Period 300.00
City Barrington	State IL	Zip Code 60010-1919
FEC ID number of contributing federal political committee. C	Name of Employer Advocate Good Shepherd Hospital	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Kathie Bender-Schwich</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : 19615688</b>
Mailing Address 1409 W. Talcott Rd		Amount of Each Receipt this Period 500.00
City Park Ridge	State IL	Zip Code 60068-4559
FEC ID number of contributing federal political committee. C	Name of Employer Advocate Health Care	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 511 Forest Mews

City State Zip Code  
Oak Brook IL 60523-2643

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

Name of Employer Occupation  
Advocate Health Care President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615689**

Amount of Each Receipt this Period  
300.00

**B. Mr. Douglas Deck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

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

Name of Employer Occupation  
Advocate Health Care Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615690**

Amount of Each Receipt this Period  
300.00

**C. Mr. Thomas Lubotsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 6658 Winston Lane

City State Zip Code  
Solon OH 44139-4694

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

Name of Employer Occupation  
Advocate Health Care Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615691**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Dominic Nakis</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : 19615692</b>
Mailing Address 2268 River Woods Drive		Amount of Each Receipt this Period 300.00
City Naperville	State IL	Zip Code 60565-6351
FEC ID number of contributing federal political committee. C	Name of Employer Advocate Health Care	Occupation Vice President, Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Scott Powder</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : 19615693</b>
Mailing Address 1775 Dempster		Amount of Each Receipt this Period 300.00
City Park Ridge	State IL	Zip Code 60068-1143
FEC ID number of contributing federal political committee. C	Name of Employer Advocate Lutheran General Hospital	Occupation SVP, Strategic Planning & Growth
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Lee Sacks MD</b>		Date of Receipt 12 / 28 / 2011 <b>Transaction ID : 19615707</b>
Mailing Address 2025 Windsor Drive		Amount of Each Receipt this Period 500.00
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 Executive Vice President and Chief Med
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 125 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. William P Santulli**

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

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

Name of Employer Occupation  
Advocate Health Care Executive Vice President and Chief Ope

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615708**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Jim H Skogsbergh**

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

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

Name of Employer Occupation  
Advocate Health Care President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615709**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Susan Nordstrom Lopez**

Mailing Address 836 West Wellington Avenue

City State Zip Code  
Chicago IL 60657-5147

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

Name of Employer Occupation  
Advocate Illinois Masonic Medical Cent President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615710**

Amount of Each Receipt this Period  
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jonathan R. Bruss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615711</b>
Mailing Address 30 W 061 Kensington Drive		Amount of Each Receipt this Period 300.00
City Warrenville	State IL	Zip Code 60555
FEC ID number of contributing federal political committee. C	Name of Employer Advocate Good Samaritan Hospital	Occupation Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. B. Bradford Billings</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615748</b>
Mailing Address 2829 Cheswick Rd.		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Marsha A. Prater</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615749</b>
Mailing Address 201 Timberridge Dr.		Amount of Each Receipt this Period 500.00
City Springfield	State IL	Zip Code 62702-6601
FEC ID number of contributing federal political committee. C	Name of Employer Memorial Health System	Occupation Senior Vice President & Chief Nursing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Douglas L Rahn**

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

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

Name of Employer Memorial Health System Occupation Senior Vice President and Chief Operat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615750**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1800 Grist Mill Drive

City Springfield State IL Zip Code 62711-8113

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

Name of Employer Memorial Health System Occupation Vice President, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615751**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Henry Seybold**

Mailing Address 2400 North Rockton Avenue

City Rockford State IL Zip Code 61103-3655

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

Name of Employer Rockford Memorial Hospital Occupation Senior Vice President and Chief Financ

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615752**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 214
<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. Mr. Daniel A Parod**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 North Rockton Avenue

City Rockford	State IL	Zip Code 61103-3655
------------------	-------------	------------------------

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

Name of Employer Rockford Memorial Hospital	Occupation Senior Vice President Administrative A
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 19615754**

Amount of Each Receipt this Period  
500.00

**B. Mr. Gary E Kaatz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 North Rockton Avenue

City Rockford	State IL	Zip Code 61103-3692
------------------	-------------	------------------------

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

Name of Employer Rockford Memorial Hospital	Occupation President and Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 19615755**

Amount of Each Receipt this Period  
500.00

**C. Dr. Michael R Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 West Stephenson Street

City Freeport	State IL	Zip Code 61032-4864
------------------	-------------	------------------------

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

Name of Employer FHN Memorial Hospital	Occupation President and Chief Executive Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : 19615756**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 129 OF 214  
(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**

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

Mailing Address 385 Millennium Drive

City State Zip Code  
Crystal Lake IL 60012-3761

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

Name of Employer Occupation  
Centegra Health System Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615757**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Evert J Kuiper**

Mailing Address P O Box 340

City State Zip Code  
Alton IL 62002-0340

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

Name of Employer Occupation  
Saint Anthony's Health Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615758**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**c. Dr. James C Leonard , M.D.**

Mailing Address 611 West Park Street

City State Zip Code  
Urbana IL 61801-2500

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

Name of Employer Occupation  
Carle Foundation Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615759**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 214
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Keith Allen Page</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615760</b>		
Mailing Address 6800 State Route 162			Amount of Each Receipt this Period 300.00		
City Maryville	State IL	Zip Code 62062-8500			
FEC ID number of contributing federal political committee. C					
Name of Employer Anderson Hospital		Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Harry Wolin</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615761</b>		
Mailing Address P O Box 530			Amount of Each Receipt this Period 500.00		
City Havana	State IL	Zip Code 62644-0530			
FEC ID number of contributing federal political committee. C					
Name of Employer Mason District Hospital		Occupation Administrator and Chief Executive Offi			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel J Woods</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615762</b>		
Mailing Address 503 North Maple Street			Amount of Each Receipt this Period 300.00		
City Effingham	State IL	Zip Code 62401-2006			
FEC ID number of contributing federal political committee. C					
Name of Employer St. Anthony's Memorial Hospital		Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard S Kowalski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615763</b>
Mailing Address 3333 North Seminary Street		Amount of Each Receipt this Period 300.00
City Galesburg	State IL	Zip Code 61401-1299
FEC ID number of contributing federal political committee. C		
Name of Employer OSF St. Mary Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara J Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615764</b>
Mailing Address 2615 Washington Street		Amount of Each Receipt this Period 500.00
City Waukegan	State IL	Zip Code 60085-4980
FEC ID number of contributing federal political committee. C		
Name of Employer Vista Medical Center West	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David L. Schreiner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19615765</b>
Mailing Address 1435 Tilton Park Drive		Amount of Each Receipt this Period 300.00
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 President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy J. Eckels**

Mailing Address 33 Oak Lane

City Springfield State IL Zip Code 62712-8611

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

Name of Employer Hospital Sisters Health System Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **12 / 28 / 2011**

**Transaction ID : 19615766**

Amount of Each Receipt this Period **300.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **800.00**

Date of Receipt **12 / 28 / 2011**

**Transaction ID : 19615767**

Amount of Each Receipt this Period **300.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert C Schmitt II**

Mailing Address P O Box 429

City Gibson City State IL Zip Code 60936-0429

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

Name of Employer Gibson Area Hospital and Health Servc Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **12 / 28 / 2011**

**Transaction ID : 19615768**

Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Karen O Moore , R.N., MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Main Street Apt. A  
 City Shelburne Falls State MA Zip Code 01370-1155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marlborough Hospital Occupation Chief Executive Officer and President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615774**  
 Amount of Each Receipt this Period  
 562.50

**B. Dr. Wayne M Lerner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2701 West 68th Street  
 City Chicago State IL Zip Code 60629-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holy Cross Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615776**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Robert G Senneff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 West Walnut Street  
 City Canton State IL Zip Code 61520-2497  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Graham Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615777**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1562.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 134 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Larry P Schumacher**

Mailing Address 2024 S Illini Rdt

City Springfield State IL Zip Code 62704

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

Name of Employer Sacred Heart Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615778**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1500 South California Avenue

City Chicago State IL Zip Code 60608-1729

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615779**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 333 North Madison Street

City Joliet State IL Zip Code 60435-8200

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

Name of Employer St. Anthony Central Hospital Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615780**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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

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

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

FOR LINE NUMBER: PAGE 135 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Toni Lawson**

Mailing Address 5023 Rivervista Way

City State Zip Code  
Boise ID 83714-1979

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

Name of Employer Occupation  
Idaho Hospital Association Vice President, Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615781**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1121 Lamb Road

City State Zip Code  
Troy ID 83871-9619

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

Name of Employer Occupation  
Gritman Medical Center Board Chair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615787**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. Mr. B J Swanson**

Mailing Address 1121 Lamb Road

City State Zip Code  
Troy ID 83871-9619

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

Name of Employer Occupation  
Gritman Medical Center Board Chair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615788**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

**TOTAL** This Period (last page this line 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 136 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brian Reardon**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Glen Eagle Drive

City Springfield State IL Zip Code 62246-1156

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

Name of Employer Hospital Sisters Health System Occupation System Director of Communications & PR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615791**

Amount of Each Receipt this Period  
 500.00

**B. Mr. Robert P Ritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 East Carpenter Street

City Springfield State IL Zip Code 62769-0002

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

Name of Employer St. John's Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615792**

Amount of Each Receipt this Period  
 300.00

**C. Mr Francis D Fraher**  
Full Name (Last, First, Middle Initial)

Mailing Address 372 Larch Ave

City Elmhurst State IL Zip Code 60126-2314

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

Name of Employer Northwestern Memorial Hospital Occupation Vice President and Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615793**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Maryjane Wurth**  
Full Name (Last, First, Middle Initial)

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 ▼ 1025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615795**

Amount of Each Receipt this Period  
 525.00

**B. Ms. Donna Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Lusted Lane

City Batavia State IL Zip Code 60510-2783

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

Name of Employer Advocate Health Care Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615796**

Amount of Each Receipt this Period  
 300.00

**C. Ms. Kathleen Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 South Second Street

City Springfield State IL Zip Code 62704-2516

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : 19615797**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 138 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Danny Chun**

Mailing Address 303 North Oak Park Avenue

City State Zip Code  
Oak Park IL 60302-2189

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

Name of Employer Occupation  
Illinois Hospital Association Vice President, Communications

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615798**

Amount of Each Receipt this Period  
600.00

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

Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Occupation  
Illinois Hospital Association Senior VP, Health Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615799**

Amount of Each Receipt this Period  
600.00

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

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 Occupation  
Advocate Good Shepherd Hospital Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615804**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00

**TOTAL** This Period (last 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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(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Martin Manning**

Mailing Address 3013 Mary Kay Lane

City State Zip Code  
Glenview IL 60026-1162

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

Name of Employer Occupation  
Advocate Health Care Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615805**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Brian J Lemon**

Mailing Address 3249 South Oak Park Avenue

City State Zip Code  
Berwyn IL 60402-3429

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

Name of Employer Occupation  
MacNeal Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615806**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1301 Central Street

City State Zip Code  
Evanston IL 60201-1613

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

Name of Employer Occupation  
NorthShore University HealthSystem President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615807**

Amount of Each Receipt this Period  
500.00

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

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

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

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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Dan Cochran**

Mailing Address 1989 Anita Pl

City Pocatello State ID Zip Code 83201-1945

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

Name of Employer Bingham Memorial Hospital Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615810**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 1989 Anita Pl

City Pocatello State ID Zip Code 83201-1945

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

Name of Employer Bingham Memorial Hospital Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615811**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Dan Keller**

Mailing Address 194 E Valley View Dr

City Preston State ID Zip Code 83263-1537

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

Name of Employer Franklin County Medical Center Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615812**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**TOTAL** This Period (last 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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(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Dan Keller**

Mailing Address 194 E Valley View Dr

City State Zip Code  
Preston ID 83263-1537

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

Name of Employer Occupation  
Franklin County Medical Center Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615813**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert E Simpson Jr.**

Mailing Address P O Box 803

City State Zip Code  
Brattleboro VT 05302-0803

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

Name of Employer Occupation  
Brattleboro Retreat President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : 19615828**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert A Malson**

Mailing Address 1152 15th Street NW, Suite 900

City State Zip Code  
Washington DC 20005-1723

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

Name of Employer Occupation  
District of Columbia Hospital Associat President & Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : 19615829**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

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

FOR LINE NUMBER: PAGE 142 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : 19615832**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Susan Davila**

Mailing Address 360 South Lola Lane

City Pahrump State NV Zip Code 89048-0884

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

Name of Employer Desert View Regional Medical Center Occupation Administrator and Chief Executive Offi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : 19615833**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jeff Daniels**

Mailing Address 1205 Lyn Dr

City Blackfoot State ID Zip Code 83221-3659

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

Name of Employer Bingham Memorial Hospital Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615836**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Jeff Daniels**  
Full Name (Last, First, Middle Initial)

Mailing Address 1205 Lyn Dr

City Blackfoot State ID Zip Code 83221-3659

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

Name of Employer Bingham Memorial Hospital Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615837**

Amount of Each Receipt this Period  
40.00

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

Mailing Address P O Box 5596

City Twin Falls State ID Zip Code 83303-5596

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615839**

Amount of Each Receipt this Period  
50.00

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

Mailing Address P O Box 5596

City Twin Falls State ID Zip Code 83303-5596

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615840**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**TOTAL** This Period (last 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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 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Joseph P Caroselli**

Mailing Address 3706 N LaMesita Way

City State Zip Code  
Boise ID 83702-1535

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

Name of Employer Occupation  
Elks Rehab Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615843**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Joseph P Caroselli**

Mailing Address 3706 N LaMesita Way

City State Zip Code  
Boise ID 83702-1535

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

Name of Employer Occupation  
Elks Rehab Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615844**

Amount of Each Receipt this Period  
20.00

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

Mailing Address #19 CR 126C

City State Zip Code  
Espanola NM 87532-3514

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

Name of Employer Occupation  
Christus St. Vincent Regional Medical Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : 19615846**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 570.00

**TOTAL** This Period (last 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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(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. Ms. Darby Dennis RN, MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Msc, 3605 Warrensville Center Rd  
 City State Zip Code  
 Shaker Heights OH 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Hospitals Health Systems Clinical Division Information Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615847**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Lori Lozier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City State Zip Code  
 Cleveland OH 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Hospitals Case Medical Cent Vice President Post Acute Service Line  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615848**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Elizabeth Demarco Novak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3531 Thornapple Lane  
 City State Zip Code  
 Pepper Pike OH 44124-5539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Hospitals Case Medical Cent Vice President and Chief Financial Off  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615849**  
 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 146 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Sonia Salvino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Case Medical Cent Occupation Vice President Finance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 15 / 2011**  
**Transaction ID : 19615850**  
 Amount of Each Receipt this Period **250.00**

**B. Mr. Steven Standley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3605 Warrensville Center Rd # MSC9  
 City Beachwood State OH Zip Code 44122-5203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Vincent Charity Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 15 / 2011**  
**Transaction ID : 19615851**  
 Amount of Each Receipt this Period **250.00**

**C. Ms. Nancy Tinsley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20348 Kylemore Dr  
 City Strongsville State OH Zip Code 44149-0939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospital Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 15 / 2011**  
**Transaction ID : 19615852**  
 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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 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Michael Vehovec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Case Medical Cent Occupation Vice President and Corporate Controlle  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615854**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Jane Dus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21872 Eaton Rd  
 City Fairview Park State OH Zip Code 44126-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Case Medical Cent Occupation Vice President, Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615855**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Robin Rowell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2418 Pine Valley Dr  
 City Willoughby Hills State OH Zip Code 44094-6984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Case Medical Cent Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615857**  
 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 148 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. M Steven Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 13207 Ravenna Road

City Chardon State OH Zip Code 44024-7032

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

Name of Employer University Hospitals Geauga Regional H Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : 19615858**

Amount of Each Receipt this Period 250.00

**B. Mr. Don F. Paulson**  
Full Name (Last, First, Middle Initial)

Mailing Address 13425 Longspur Ct.

City Valley View State OH Zip Code 44125-5449

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

Name of Employer University Hospital Occupation Vice President, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : 19615860**

Amount of Each Receipt this Period 250.00

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

Mailing Address 9489 Lister Lane

City Twinsburg State OH Zip Code 44087-3275

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

Name of Employer University Hospitals Occupation Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : 19615861**

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

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(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Susan Dwyer**

Mailing Address 2540 Fenwick Road

City Cleveland State OH Zip Code 44118-4427

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

Name of Employer University Hospitals Occupation Manager of Reimbursement

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : 19615862**

Amount of Each Receipt this Period  
**127.50**

Full Name (Last, First, Middle Initial)  
**B. Ms. Kathy D Moore**

Mailing Address 14980 Oma St

City Caldwell State ID Zip Code 83607-7761

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

Name of Employer West Valley Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615864**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Kathy D Moore**

Mailing Address 14980 Oma St

City Caldwell State ID Zip Code 83607-7761

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

Name of Employer West Valley Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615865**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **247.50**

**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  
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 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 454 East Lake Creek

City Meridian State ID Zip Code 83642-4661

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

Name of Employer Idaho Hospital Association Occupation Vice President - Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615866**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Larry Tisdale**

Mailing Address 454 East Lake Creek

City Meridian State ID Zip Code 83642-4661

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

Name of Employer Idaho Hospital Association Occupation Vice President - Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615867**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Margaret Soulen Hinson**

Mailing Address 1824 Jones Rd

City Weiser State ID Zip Code 83672-5536

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

Name of Employer Weiser Memorial Hospital Occupation Chairman, Board of Trustees

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
12 / 28 / 2011  
**Transaction ID : 19615870**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

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

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

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

FOR LINE NUMBER: PAGE 151 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Sally E Jeffcoat**

Mailing Address 2126 W Falcon Point Ct

City State Zip Code  
Boise ID 83703-4298

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

Name of Employer Occupation  
Saint Alphonsus Health System President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615875**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sally E Jeffcoat**

Mailing Address 2126 W Falcon Point Ct

City State Zip Code  
Boise ID 83703-4298

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

Name of Employer Occupation  
Saint Alphonsus Health System President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615876**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Steven A Millard**

Mailing Address 2268 E Shalimar Dr

City State Zip Code  
Eagle ID 83616-6608

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

Name of Employer Occupation  
Idaho Hospital Association President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615880**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 152 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Steven A Millard**

Mailing Address 2268 E Shalimar Dr

City State Zip Code  
Eagle ID 83616-6608

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

Name of Employer Occupation  
Idaho Hospital Association President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615881**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Toni Lawson**

Mailing Address 5023 Rivervista Way

City State Zip Code  
Boise ID 83714-1979

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

Name of Employer Occupation  
Idaho Hospital Association Vice President, Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615883**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Toni Lawson**

Mailing Address 5023 Rivervista Way

City State Zip Code  
Boise ID 83714-1979

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

Name of Employer Occupation  
Idaho Hospital Association Vice President, Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2011  
**Transaction ID : 19615884**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Tracy Broome**

Mailing Address 13824 Wild Goose Ct

City State Zip Code  
McCall ID 83638-5252

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

Name of Employer Occupation  
St. Luke's McCall Hospital Director, Plant & Grounds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615885**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Tracy Broome**

Mailing Address 13824 Wild Goose Ct

City State Zip Code  
McCall ID 83638-5252

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

Name of Employer Occupation  
St. Luke's McCall Hospital Director, Plant & Grounds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615886**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Margaret Soulen Hinson**

Mailing Address 1824 Jones Rd

City State Zip Code  
Weiser ID 83672-5536

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

Name of Employer Occupation  
Weiser Memorial Hospital Chairman, Board of Trustees

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2011  
**Transaction ID : 19615891**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 154 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Raymond Vara**

Mailing Address 55 Merchant Street

City State Zip Code  
Honolulu HI 96813-4306

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

Name of Employer Occupation  
Pali Momi Medical Center Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2011

**Transaction ID : 19616289**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. John M. Hupert FACHE**

Mailing Address 1065 Peachtree Street NE Unit #310

City State Zip Code  
Atlanta GA 30309-3923

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

Name of Employer Occupation  
Grady Health System President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2011

**Transaction ID : 19619801**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1514 Vernon Road

City State Zip Code  
Lagrange GA 30240-4131

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

Name of Employer Occupation  
West Georgia Health Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2011

**Transaction ID : 19619805**

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 910.00

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

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

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

FOR LINE NUMBER: PAGE 155 OF 214  
(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. Mr. Richard K. Reiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3949 South Cobb Drive SE  
 City State Zip Code  
 Smyrna GA 30080-6342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emory-Adventist Hospital President/CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : 19619807**  
 Amount of Each Receipt this Period  
 125.00

**B. Mr. Joseph A. Carr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2378 Orchard Crest Blvd.  
 City State Zip Code  
 Manasquan NJ 08736-4001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Jersey Hospital Association Chief Information Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 204.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 19671084**  
 Amount of Each Receipt this Period  
 1.00

**C. Ms. Kimberly A. Champi Krenik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Upland Place  
 City State Zip Code  
 Alexandria VA 22301-2743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Jersey Hospital Association Director, Federal Legislative Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 19671085**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1126.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 156 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City Langhorne State PA Zip Code 19047-2306

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

Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 19671088**

Amount of Each Receipt this Period  
 1.00

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

Mailing Address 27 Harvest Lane

City Livingston State NJ Zip Code 07039-2750

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 19671092**

Amount of Each Receipt this Period  
 1.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **505.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : 19671094**

Amount of Each Receipt this Period  
 1.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3.00**

**TOTAL** This Period (last page this line 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 157 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10 Fox Chase Road

City Malvern State PA Zip Code 19355-3441

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 ▼ **254.50**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 19671097**

Amount of Each Receipt this Period **1.00**

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

Mailing Address 4 Poppy Lane

City Howell State NJ Zip Code 07731-1451

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

Name of Employer New Jersey Hospital Association Occupation VP Health Economics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **204.50**

Date of Receipt **12 / 23 / 2011**

**Transaction ID : 19671105**

Amount of Each Receipt this Period **1.00**

**c. Mr. Martin G. Oscadal**  
Full Name (Last, First, Middle Initial)

Mailing Address 1815 Farm Hospital Way

City Florence State KY Zip Code 41042

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

Name of Employer St. Elizabeth Grant Occupation V.P. Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **12 / 06 / 2011**

**Transaction ID : 19680182**

Amount of Each Receipt this Period **0.00**

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$140.00 This changes the YTD Total to \$0.00

**SUBTOTAL** of Receipts This Page (optional)..... **2.00**

**TOTAL** This Period (last page this line 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 158 OF 214
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Chris Carle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4900 Houston Road  
 City Florence State KY Zip Code 41042-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Elizabeth Healthcare Florence Occupation Senior Vice President and Chief Operat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 12 / 06 / 2011  
**Transaction ID : 19680183**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

**B. Mr. Gary Blank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6141 Ridgeside Court  
 City Taylor Mill State KY Zip Code 41015-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Elizabeth Grant Occupation Assistant Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 12 / 06 / 2011  
**Transaction ID : 19680184**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$140.00 This changes the YTD Total to \$0.00

**C. Mr. Michael J Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Brittany Court  
 City Lakeside Park State KY Zip Code 41017-2101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Elizabeth Medical Center-North Occupation Trustee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 12 / 06 / 2011  
**Transaction ID : 19680185**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$125.00 This changes the YTD Total to \$0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 214
	<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. Dr. Dwayne K. Crabtree**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11575 Forest Lake Drive  
 City Rolla State MO Zip Code 65401-7305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phelps County Regional Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 16 / 2011  
**Transaction ID : 19680187**  
 Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

**B. Ms. Melinda Reid Hatton**  
 Full Name (Last, First, Middle Initial)  
 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 Course  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1045726225804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. David Schulke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation VP Research Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1057462125804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Sarah Berk**  
Full Name (Last, First, Middle Initial)

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 ▼ **364.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1082532725804**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Barbara Jelen**  
Full Name (Last, First, Middle Initial)

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 ▼ **364.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1113464225804**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**C. Ms. Lisa Allen**  
Full Name (Last, First, Middle Initial)

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 Sr. Vice President, Chief Human Resour

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1118928225804**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>126.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 161 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Mary Meadows**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **364.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1260472925804**  
 Amount of Each Receipt this Period **42.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Elizabeth Basket**  
 Full Name (Last, First, Middle Initial)  
 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, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **364.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1332167425804**  
 Amount of Each Receipt this Period **42.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. James Wadzinski**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1347703425804**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **144.00**  
**TOTAL** This Period (last page this line 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 162 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jack A. Mackay**  
Full Name (Last, First, Middle Initial)

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 / 2011**

**Transaction ID : PR1347703625804**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Susan Gergely**  
Full Name (Last, First, Middle Initial)

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 ▼ **364.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1347791025804**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 3205 Ravensworth PL

City Alexandria State VA Zip Code 22302-2107

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1348169725804**

Amount of Each Receipt this Period **31.80**

P/R Deduction (\$15.90 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>133.80</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 163 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Sharon Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 North Wacker Drive  
City Chicago State IL Zip Code 60606-1709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Membership and Marketing Manager ASHHR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **364.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1474886225804**  
Amount of Each Receipt this Period **42.00**  
P/R Deduction (\$14.00 Bi-Weekly)

**B. Mr. Mark Colucci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1061 N Penny Ln  
City Palatine State IL Zip Code 60067-1821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1475133725804**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Ms. Stephanie H. Drake**  
Full Name (Last, First, Middle Initial)  
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 **1040.83**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1492459925804**  
Amount of Each Receipt this Period **122.49**  
P/R Deduction (\$40.83 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **224.49**  
**TOTAL** This Period (last page this line 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 164 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Monica D Day**  
Full Name (Last, First, Middle Initial)  
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 ▼ **364.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1516850625804**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Elisa Arespachaga**  
Full Name (Last, First, Middle Initial)  
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 Director, Constituency Secti
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1555656225804**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. Clinton S. Manning**  
Full Name (Last, First, Middle Initial)  
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 ▼ **364.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1555656525804**

Amount of Each Receipt this Period  
**42.00**

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>126.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 165 OF 214  
(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. Ms. Kathy Poole**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1589439925804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Kimberly Baker**  
 Full Name (Last, First, Middle Initial)  
 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 Travel Meeting Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1590809125804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Mr. Robert Kehoe**  
 Full Name (Last, First, Middle Initial)  
 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 Publisher Vertical Magazines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1625368325804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 166 OF 214  
(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. Mr. Stephen Hines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 North Wacker Drive  
 City Chicago State IL Zip Code 60606-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1648726625804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Lisa Grabert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1671258625804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr Robert P. David**  
 Full Name (Last, First, Middle Initial)  
 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 Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1677512425804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 282.00  
**TOTAL** This Period (last page this line 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 167 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Erik Rasmussen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR1819487925804</b>
City Washington	State DC	Zip Code 20004-2801
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda Fishman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR327629125804</b>
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Public Policy	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael P. McCue</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 122 N. Greenwood Avenue		<b>Transaction ID : PR327771625804</b>
City Park Ridge	State IL	Zip Code 60068-3227
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer American Hospital Association-Chicago	Occupation Associate Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Suzanne R. Sonik**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR32777225804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Debra J. Stock**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR32777825804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. Neil J. Jesuele**  
 Full Name (Last, First, Middle Initial)  
 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 Association-Washingt Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR327801725804**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	222.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. 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 Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR327812025804**

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. 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 Association-Washingt Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR327831725804**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
520.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR327846225804**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 170 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Ellen A. Pryga</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2401 Calvert Street, NW Apt. 1008		<b>Transaction ID : PR327851925804</b>
City Washington	State DC	Zip Code 20008-2614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer American Hospital Association-Washingt	Occupation Director, Policy Development	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Seklecki</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR327858025804</b>
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Political Affairs	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John F. Barry</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address One North Franklin		<b>Transaction ID : PR327877825804</b>
City Millis	State MA	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. George F. Bergstrom**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR327895725804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Ms. Eileen M. Collins Offner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director Policy Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR327906125804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Ms. Judy Williams**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 364.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR327918925804**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard J. Umbdenstock</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR328132825804</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer	Aggregate Year-to-Date 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara Lorsbach</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR328136925804</b>
Mailing Address 204 7th Ave		Amount of Each Receipt this Period 120.00
City La Grange State IL Zip Code 60525-6406	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations	Aggregate Year-to-Date 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lauren A. Barnett</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR328174925804</b>
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 42.00
City Chicago State IL Zip Code 60606	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Executive Director, SHSMD	Aggregate Year-to-Date 364.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	282.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 214
<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. Ms. Donna J. Melkonian**  
 Full Name (Last, First, Middle Initial)  
 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 **1040.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR328223825804**  
 Amount of Each Receipt this Period **120.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Mr. Ron O. Purcell**  
 Full Name (Last, First, Middle Initial)  
 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 **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR328241425804**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Mr. Richard J. Pollack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3475 North Venice Street  
 City Arlington State VA Zip Code 22207-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1040.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR328260925804**  
 Amount of Each Receipt this Period **120.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 174 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Carla L. Luggiero**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR328490125804**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Ms. Carolyn Forcina**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR328511825804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Ms. Alicia N. Mitchell**  
 Full Name (Last, First, Middle Initial)  
 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 Senior Vice President, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR328512025804**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. George Arges**  
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR328641125804**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. Mr. Anthony J. Burke**  
Full Name (Last, First, Middle Initial)

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-Chicago Occupation President & CEO, AHA Solutions, Inc. &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR328913325804**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. Ms. Rebecca Chickey**  
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR329013425804**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**

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

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

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

FOR LINE NUMBER: PAGE 176 OF 214  
(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. Dr. John R. Combes**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR329071325804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Ms. Robyn Cooke**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 520.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR329084425804**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Mr. W. Thomas Deweese**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR329215725804**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 177 OF 214  
(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. Mr. John Evans**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **364.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR329342625804**  
 Amount of Each Receipt this Period **42.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. Ms. Audrey L. Harris**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **364.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR329654225804**  
 Amount of Each Receipt this Period **42.00**  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. Ms. Patricia Meersman**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR330343325804**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **144.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 178 OF 214
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Misfeldt</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2011
Mailing Address One North Franklin		<b>Transaction ID : PR330411625804</b>
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer American Hospital Association-Chicago	Occupation Associate Regional Executive	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Maureen D. Mudron</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR330465225804</b>
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer American Hospital Association-Washingt	Occupation Deputy General Counsel	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Paul N. Muraca</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2011
Mailing Address 4960 138th Circle West		<b>Transaction ID : PR330475425804</b>
City Apple Valley	State MN	Zip Code 55124-9229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	222.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 214
<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. Mr. Gene O'Dell**  
Full Name (Last, First, Middle Initial)  
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 **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR330547725804**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Eileen O'Keefe**  
Full Name (Last, First, Middle Initial)  
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 **1040.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR330549225804**  
Amount of Each Receipt this Period **120.00**  
P/R Deduction (\$40.00 Bi-Weekly)

**C. Mr. Anthony Spohn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3219 N. Oriole  
City Chicago State IL Zip Code 60634-3232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Membersh  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR331098325804**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 180 OF 214  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City State Zip Code  
Arlington VA 22205-3515

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

Name of Employer Occupation  
American Hospital Association-Washingt Director, State Issues Forum

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : PR331278825804**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402

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

Name of Employer Occupation  
American Hospital Association-Washingt Director Advocacy and Public Policy Op

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : PR331304225804**

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ms. Jo Ann Webb**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer Occupation  
American Hospital Association-Washingt Sr. Director Federal Relations & Polic

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : PR331379125804**

Amount of Each Receipt this Period  
42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 204.00

**TOTAL** This Period (last page this line 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 181 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Judy Weinsheimer</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR331386925804</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 42.00
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Dale Woodin</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR331481325804</b>
Mailing Address 800 W. Central Road		Amount of Each Receipt this Period 42.00
City Arlington Heights	State IL	Zip Code 60005-2349
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, ASHE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Donald May</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR331533225804</b>
Mailing Address 521 Great Falls St.		Amount of Each Receipt this Period 120.00
City Falls Church	State VA	Zip Code 22046-2613
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ 1040.00

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : PR346168125804**

Amount of Each Receipt this Period  
 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B. Ms. Megan Cundari**  
Full Name (Last, First, Middle Initial)

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 ▼ 1041.36

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : PR518031925804**

Amount of Each Receipt this Period  
 124.08

P/R Deduction (\$41.36 Bi-Weekly)

**C. Ms. Laura M. Werner**  
Full Name (Last, First, Middle Initial)

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 Associate Director, Political Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : PR560101525804**

Amount of Each Receipt this Period  
 42.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 286.08

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

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

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

FOR LINE NUMBER: PAGE 183 OF 214  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **520.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR566280925804**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. 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 Association-Washingt Occupation Director, Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR766023725804**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. 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 Association-Washingt Occupation Senior Associate Director Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR801366325804**

Amount of Each Receipt this Period **42.00**

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **162.00**

**TOTAL** This Period (last page this line 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 184 OF 214
<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Lisa Kidder Hrobsky</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR876637225804</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer Armstrong Gay</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR928186525804</b>
Mailing Address 10702 Benning Way		Amount of Each Receipt this Period 42.00
City Spotsylvania	State VA	Zip Code 22551-4670
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Communication Strategies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David A. Strickland</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR939603925804</b>
Mailing Address One N. Franklin Street		Amount of Each Receipt this Period 42.00
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Executive Director Quality Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	144.00
<b>TOTAL</b> This Period (last page this line number only).....▶	165818.16



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

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

FOR LINE NUMBER: PAGE 185 OF 214  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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**

Full Name (Last, First, Middle Initial)  
**A. HCA Good Government Fund-Federal PAC**

Mailing Address On Park Plaza  
PO Box 550

City Nashville State TN Zip Code 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : 19609415**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 214
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
**185000.00**

Date of Receipt  
**12 / 02 / 2011**

**Transaction ID : 19583136**

Amount of Each Receipt this Period  
**20000.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
**175000.00**

Date of Receipt  
**12 / 06 / 2011**

**Transaction ID : 19589287**

Amount of Each Receipt this Period  
**15000.00**

Full Name (Last, First, Middle Initial)  
**C. AZHHA Political Action Committee (Federal)**

Mailing Address 2901 North Central Avenue  
Suite 900

City Phoenix State AZ Zip Code 85012

FEC ID number of contributing federal political committee. **C C00217687**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**28300.00**

Date of Receipt  
**12 / 13 / 2011**

**Transaction ID : 19598618**

Amount of Each Receipt this Period  
**15800.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 214
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. California Healthcare Association PAC - Federal</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2011 <b>Transaction ID : 19601969</b>
Mailing Address 1215 K Street Suite 800		Amount of Each Receipt this Period 14281.00
City Sacramento	State CA Zip Code 95814	
FEC ID number of contributing federal political committee. <b>C</b> C00237495		Aggregate Year-to-Date ▼ 199281.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Texas Hospital Association HOSPAC - Federal</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 <b>Transaction ID : 19613019</b>
Mailing Address P.O. Box 15587		Amount of Each Receipt this Period 9500.00
City Austin	State TX Zip Code 78761-5587	
FEC ID number of contributing federal political committee. <b>C</b> C00301325		Aggregate Year-to-Date ▼ 118600.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	23781.00
<b>TOTAL</b> This Period (last page this line number only).....▶	74581.00

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

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

FOR LINE NUMBER: PAGE 188 OF 214  
(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. TD Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Seventh Street, NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1795.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : 19624817**  
 Amount of Each Receipt this Period  
 254.20  
 Interest Earned

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	254.20
<b>TOTAL</b> This Period (last page this line number only).....▶	254.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19624815**

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**

Mailing Address 14221 Dallas Parkway Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 19674352**

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Victory Now!**

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2011 Contribution

Candidate Name  
**Victory Now!**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19583047**

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Committee for the Preservation of Capitalism (CPC)**

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 22036

Purpose of Disbursement  
2011 Contribution

Candidate Name  
**Committee for the Preservation of Capitalism (CPC)**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19583048**

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Jobs, Opportunity & Education, PAC (JOEPAC)**

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2011 Contribution

Candidate Name  
**Jobs, Opportunity & Education, PAC (JOEPAC)**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19583049**

Amount of Each Disbursement this Period

2011 Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. New Pioneers PAC**

Mailing Address 228 S. Washington St.  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2011 Contribution

Candidate Name  
**New Pioneers PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19583051**

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Billy Long For Congress**

Mailing Address 1675-F E Seminole

City Springfield State MO Zip Code 65804

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Billy Long**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19583052**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Joseph Crowley**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19583053**

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joseph Crowley**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

**Transaction ID : 19583054**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Dan Lipinski For Congress**

Mailing Address P.O. Box 520

City Western Springs State IL Zip Code 60558

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Daniel William Lipinski**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

**Transaction ID : 19583055**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. PAC to the Future**

Mailing Address 700 13th Street N.W.  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**PAC to the Future**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

**Transaction ID : 19583056**

Amount of Each Disbursement this Period

1000.00
---------

2011 Contribution

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Congressman Tim Holden**

Mailing Address 18 North Second Street, Box 37

City State Zip Code  
Saint Clair PA 17970

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tim Holden**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583057**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Johnson For South Dakota Inc**

Mailing Address PO Box 1536

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Sen. Tim Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SD District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583059**

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Spending Cuts Over Total Taxation (SCOTT PAC)**

Mailing Address P. O. Box 303

City State Zip Code  
Alexandria VA 22313

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Spending Cuts Over Total Taxation (SCOTT PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583062**

Amount of Each Disbursement this Period

5000.00

2011 Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Michael C. Burgess M.D.**

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583065**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Karen Bass For Congress**

Mailing Address 777 S. Figueroa Street  
Suite 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Karen Bass**

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583066**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Orrin PAC**

Mailing Address 175 S. West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
2011 Contribution

**011**  
Category/  
Type

Candidate Name

**Orrin PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583068**

Amount of Each Disbursement this Period

5000.00

2011 Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Orrin G. Hatch**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: UT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583070**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Garagiola For Congress**

Mailing Address 13421 Winterspoon Lane

City State Zip Code  
Germantown MD 20874

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Robert Garagiola**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583072**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kansans For Huelskamp**

Mailing Address PO Box 410

City State Zip Code  
Fowler KS 67844

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Timothy Huelskamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : 19583075**

Amount of Each Disbursement this Period

1000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hartzler for Congress**

Mailing Address PO Box 531

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Vicky Hartzler**

Office Sought:  House  
 Senate  
 President  
State: MO District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

**Transaction ID : 19583078**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:  House  
 Senate  
 President  
State: NY District: 28

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

**Transaction ID : 19583080**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Owens For Congress**

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Owens**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

**Transaction ID : 19583081**

Amount of Each Disbursement this Period

500.00
--------

Contribution

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

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Freedom Fund**

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Void of 07/11 Contribution

011

Candidate Name

**Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2011

**Transaction ID : 19622530**

Amount of Each Disbursement this Period

-1000.00

Void of 07/11 Contribution

Full Name (Last, First, Middle Initial)

**B. Sue Myrick For Congress**

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Void of 10/2011 Check

011

Candidate Name

**Rep. Sue Wilkins Myrick**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2011

**Transaction ID : 19672722**

Amount of Each Disbursement this Period

-1000.00

Void of 10/2011 Check

Full Name (Last, First, Middle Initial)

**C. Diane Black For Congress**

Mailing Address 819 Plantation Blvd

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Diane Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673542**

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)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael C. Burgess M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673543**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy For Congress**

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

City State Zip Code  
Baton Rouge LA 70809

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. William Cassidy MD**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673544**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Cicilline Committee**

Mailing Address 102 Waterman St, Suite 2

City State Zip Code  
Providence RI 02906

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. David Cicilline**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: RI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673545**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Susan Davis For Congress**

Mailing Address P.O. Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Susan A. Davis**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673558**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. 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

011

Candidate Name

**Rep. Jo Ann Emerson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673559**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Chuck Fleischmann for Congress**

Mailing Address P.O. Box 11091  
Suite 1000 James Building

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Charles Fleischmann**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673560**

Amount of Each Disbursement this Period

1000.00

Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Gutierrez For Congress**

Mailing Address 5310 W. Cullom Ave

City Chicago State IL Zip Code 60641

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Luis V. Gutierrez**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673561**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673562**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Higgins For Congress**

Mailing Address PO Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Brian M. Higgins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673563**

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)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LoBiondo For Congress**

Mailing Address P.O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Frank A. LoBiondo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673564**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Dutch Ruppensberger For Congress**

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. C.A. Dutch Ruppensberger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673565**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Adam B. Schiff**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673566**

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)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Gillibrand For Senate**

Mailing Address 236 Massachusetts Ave Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Kirsten E. Gillibrand**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	6			2	0	1	1		

**Transaction ID : 19673568**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Team Graham**

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Sen. Lindsey O. Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	6			2	0	1	1		

**Transaction ID : 19673581**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Joe Manchin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	6			2	0	1	1		

**Transaction ID : 19673583**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

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

3	0	0	.	0	0
---	---	---	---	---	---

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

3	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 21st Century PAC**

Mailing Address 1155 21st Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2011 Contribution

Category/  
Type

Candidate Name

**21st Century PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 19673584**

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. CHC-BOLD PAC:Building our Leadership Diversity PAC**

Mailing Address Post Office Box 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2011 Contribution

Category/  
Type

Candidate Name

**CHC-BOLD PAC:Building our Leadership Diversity PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 19673585**

Amount of Each Disbursement this Period

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. GOAL PAC: Grassroots Organizing, Acting and Leading PAC**

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
2011 Contribution

Category/  
Type

Candidate Name

**GOAL PAC: Grassroots Organizing, Acting and Leading PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 19673586**

Amount of Each Disbursement this Period

2011 Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Great Land PAC, The**

Mailing Address 700 13th Street N.W., Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2011 Contribution

011

Candidate Name  
**Great Land PAC, The**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 19673587**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. John S Fund**

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement  
2011 Contribution

011

Candidate Name  
**John S Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 19673588**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Longhorn PAC**

Mailing Address 228 S. Washington St.  
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2011 Contribution

011

Candidate Name  
**Longhorn PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : 19673589**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ROYB - Rely on Your Beliefs Fund**

Mailing Address 1300 Pennsylvania Avenue, NW  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**ROYB - Rely on Your Beliefs Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673590**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. We the People PAC**

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**We the People PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673591**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Nan Hayworth**

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Nan Hayworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2011

**Transaction ID : 19673592**

Amount of Each Disbursement this Period

3000.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Doyle For Congress Committee**

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael F. Doyle**

Office Sought:  House  
 Senate  
 President  
State: PA District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673614**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Moving America Forward**

Mailing Address P.O. Box 25

City Great Falls State VA Zip Code 22066

Purpose of Disbursement  
2011 Contribution

Candidate Name

**Moving America Forward**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673679**

Amount of Each Disbursement this Period

1000.00
---------

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. George (Mike) Kelly**

Office Sought:  House  
 Senate  
 President  
State: PA District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

**Transaction ID : 19673681**

Amount of Each Disbursement this Period

350.00
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Contribution

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

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

2350.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Berg for Senate**

Mailing Address PO Box 9394

City Fargo State ND Zip Code 58106

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rick Berg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2011

**Transaction ID : 19674276**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jaime Herrera Beutler For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jaime Herrera Beutler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2011

**Transaction ID : 19674277**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Castor For Congress**

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Katherine Castor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2011

**Transaction ID : 19674278**

Amount of Each Disbursement this Period

4000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Texans For Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street  
Second Floor, Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Henry Cuellar**

Office Sought:  House  
 Senate  
 President  
State: TX District: 28

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2011

**Transaction ID : 19674279**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jackie Speier For Congress**

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Jackie Speier**

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2011

**Transaction ID : 19674280**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Edolphus Towns**

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2011

**Transaction ID : 19674281**

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

4000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Carper For Senate**

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2011			

**Transaction ID : 19674282**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition Political Action Committee**

Mailing Address 700 13th Street N.W., Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2011 Contribution

Candidate Name

**New Democrat Coalition Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2011			

**Transaction ID : 19674283**

Amount of Each Disbursement this Period

1000.00
---------

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Garamendi For Congress**

Mailing Address 3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Garamendi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2011			

**Transaction ID : 19674284**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. McCaskill For Missouri**

Mailing Address PO Box 6771

City St Louis State MO Zip Code 63144

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Claire McCaskill**

Office Sought:  House  
 Senate  
 President

State: MO District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

**Transaction ID : 19674285**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Larry Kissell For Congress**

Mailing Address PO Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Larry Kissell**

Office Sought:  House  
 Senate  
 President

State: NC District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

**Transaction ID : 19674286**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David E. Price**

Office Sought:  House  
 Senate  
 President

State: NC District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

**Transaction ID : 19674287**

Amount of Each Disbursement this Period

5000.00
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Contribution

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

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

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. John Carney For Congress**

Mailing Address PO Box 2162

City State Zip Code  
Wilmington DE 19899

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. John Carney**

Office Sought:  House  
 Senate  
 President  
State: DE District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : 19674288**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Sanford D. Bishop, Jr. For Congress**

Mailing Address P. O. Box 909

City State Zip Code  
Columbus GA 31902

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Sanford D. Bishop Jr.**

Office Sought:  House  
 Senate  
 President  
State: GA District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : 19674289**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Carolyn McCarthy**

Mailing Address 151 Linden Road

City State Zip Code  
Mineola NY 11501

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Carolyn McCarthy**

Office Sought:  House  
 Senate  
 President  
State: NY District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : 19674290**

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. McNerney For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2011
Mailing Address 6520 Village Parkway Second Floor		<b>Transaction ID : 19674291</b>
City Dublin	State CA	
Purpose of Disbursement Contribution	Category/ Type <b>011</b>	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Rep. Jerry McNerney</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CA District: 11	

Full Name (Last, First, Middle Initial) <b>B. Rangel For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address PO Box 5577 Manhattanville Sta		<b>Transaction ID : 19674292</b>
City New York	State NY	
Purpose of Disbursement Contribution	Category/ Type <b>011</b>	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Charles B. Rangel</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NY District: 15	

Full Name (Last, First, Middle Initial) <b>C. Schock For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address PO Box 10555		<b>Transaction ID : 19674293</b>
City Peoria	State IL	
Purpose of Disbursement Contribution	Category/ Type <b>011</b>	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Rep. Aaron Jon Schock</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IL District: 18	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Gillibrand For Senate**

Mailing Address 236 Massachusetts Ave Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Kirsten E. Gillibrand**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : 19674294**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Promoting our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement  
2011 Contribution

011

Candidate Name  
**Promoting our Republican Team PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : 19674295**

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. McCaskill For Missouri**

Mailing Address PO Box 6771

City St Louis State MO Zip Code 63144

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Claire McCaskill**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2011

**Transaction ID : 19674339**

Amount of Each Disbursement this Period

1000.00

Contribution

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

4000.00

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

109350.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chris Carle**

Mailing Address 4900 Houston Road

City Florence State KY Zip Code 41042-4824

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19674823**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**B. Dr. Dwayne K. Crabtree**

Mailing Address 11575 Forest Lake Drive

City Rolla State MO Zip Code 65401-7305

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 19674826**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶