

**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

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

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:

M M	/	D D	/	Y Y Y Y Y
11		27		2012

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">3059823.23</td></tr></table>	3059823.23				
Y	Y	Y	Y	Y													
2012																	
3059823.23																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1896339.88</td></tr></table>	1896339.88															
1896339.88																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">189191.84</td></tr></table>	189191.84					<table><tr><td colspan="5">2086420.21</td></tr></table>	2086420.21									
189191.84																	
2086420.21																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">2085531.72</td></tr></table>	2085531.72					<table><tr><td colspan="5">5146243.44</td></tr></table>	5146243.44									
2085531.72																	
5146243.44																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">70861.30</td></tr></table>	70861.30					<table><tr><td colspan="5">3131573.02</td></tr></table>	3131573.02									
70861.30																	
3131573.02																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">2014670.42</td></tr></table>	2014670.42					<table><tr><td colspan="5">2014670.42</td></tr></table>	2014670.42									
2014670.42																	
2014670.42																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

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

To:

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

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).....

128724.03

994332.35

(ii) Unitemized

31047.25

380793.19

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

159771.28

1375125.54

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

15675.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

164771.28

1390800.54

12. Transfers From Affiliated/Other

Party Committees.....

24100.00

683385.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

134.15

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

9000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

320.56

3100.52

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))..... ▶

189191.84

2086420.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

189191.84

2086420.21

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	361.30	12344.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	361.30	12344.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	1206050.00
24. Independent Expenditures (use Schedule E)	0.00	1912678.12
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	500.00	500.00
(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)).....	500.00	500.00
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)) ..	70861.30	3131573.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70861.30	3131573.02

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)	164771.28	1390800.54
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	164271.28	1390300.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	361.30	12344.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	134.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	361.30	12210.75

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +19A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

Void of \$19,815.05 of the \$200,315.05 Independent Expenditure to Lois Capps previously reported on 10/03/2012

Form/Schedule:

Transaction ID:

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 7 OF 174

☒ 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. Teresa Miller

Mailing Address 4 Stony Point Road

City

Charleston

State

WV

Zip Code

25314-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520713

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Evelyn Letnaunchyn

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520716

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Robert C Marquardt FACHE

Mailing Address 8204 Carriage Lane

City

Fairmont

State

WV

Zip Code

26554-7823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520717

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 8 OF 174

☒ 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. Chris A Lumsden

Mailing Address 2204 Wilborn Avenue

City

South Boston

State

VA

Zip Code

24592-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Regional Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520720

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven R Gordon

Mailing Address 17 Belmont Avenue

City

Brattleboro

State

VT

Zip Code

05301-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 20520721

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank G McDougall Jr

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

11 / 28 / 2012

Transaction ID : 20520724

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 174

☒ 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. James Staten

Mailing Address 20 York Street
1052CB

City State Zip Code
New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2012

Transaction ID : 20520726

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Carl J. Schiessl

Mailing Address P O Box 90

City State Zip Code
Wallingford CT 06492-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Director, Regulatory Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2012

Transaction ID : 20520727

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. James M. Blazar

Mailing Address 69 Orchard Rd

City State Zip Code
West Hartford CT 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 / D D / Y Y Y Y Y
11 / 27 / 2012

Transaction ID : 20520728

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1650.00

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 10 OF 174

☒ 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. Elliot Joseph

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 ▼

500.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520729

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Vincent Petrini

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

Senior VP of Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Lyon

Mailing Address 12 Wildlife Drive

City

Wallingford

State

CT

Zip Code

06492-5346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Vice President, Integrated Health Info

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20520731

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1350.00

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 11 OF 174

☒ 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. Ron Bunnell

Mailing Address P O Box 25489

City

Phoenix

State

AZ

Zip Code

85002-5489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Health

Occupation

Executive Vice President and Chief Adm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521334

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas A Kleinhanzl

Mailing Address 4306 Saratoga Springs Court

City

Middletown

State

MD

Zip Code

21769-8110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frederick Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521659

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. John M Sernulka

Mailing Address 8307 Sunrise Court

City

Ellicott City

State

MD

Zip Code

21043-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carroll Hospital Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521669

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1010.00

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 174
(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. Michael J Curran

Mailing Address 3551 Cattail Creek Drive

City

Glenwood

State

MD

Zip Code

21738-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521678

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Mr. Oliver Johnson III

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

MedStar Georgetown University Hospital

Occupation

Senior Vice President and General Coun

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521680

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey A Matton

Mailing Address 1132 Nichols Court

City

Millersville

State

MD

Zip Code

21108-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Good Samaritan Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.50

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521681

Amount of Each Receipt this Period

365.50

SUBTOTAL of Receipts This Page (optional)..... ►

875.50

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 13 OF 174

(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. Mary Joy Maxwell

Mailing Address 20265 Watermark Place

City State Zip Code
 Potomac Falls VA 20165-5134

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive VP, Operations Washington

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521682

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Ms. Beverly L. Miller

Mailing Address 1906 Autumn Frost Lane

City State Zip Code
 Baltimore MD 21209-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President, Quality Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521684

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth A Samet

Mailing Address 8820 Burdette Road

City State Zip Code
 Bethesda MD 20817-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521685

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1020.00

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 14 OF 174

☒ 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. Christine Swearingen

Mailing Address 3022 Chestnut Street, NW

City

Washington

State

DC

Zip Code

20015-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521687

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr. William L Thomas M.D.

Mailing Address 124 W. Lee Street

City

Baltimore

State

MD

Zip Code

21201-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Executive Vice President Medical Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521688

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. William T Ryan

Mailing Address 1226 Huron Road East

City

Cleveland

State

OH

Zip Code

44115-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Health Affairs, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521997

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

760.00

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 15 OF 174

☒ 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. Barbara J Petee

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 Herrick Hospital

Occupation

Chief Advocacy Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stanley R Korducki

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 ▼

1000.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20521999

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Kathleen S Hanley

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 Flower Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20522000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 174

☒ 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. Lori Johnston

Mailing Address 10410 River Rd.

City

Grand Rapids

State

OH

Zip Code

43522-9347

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica St. Luke's Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20522001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kevin C Webb PhD

Mailing Address 2142 North Cove Boulevard

City

Toledo

State

OH

Zip Code

43606-3895

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica Toledo Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 20522002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

314.50

Date of Receipt

11 / 30 / 2012

Transaction ID : 20526917

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

751.00

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 17 OF 174

☒ 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. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1263.25

Date of Receipt

11 / 30 / 2012

Transaction ID : 20526918

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.50

Date of Receipt

11 / 30 / 2012

Transaction ID : 20526923

Amount of Each Receipt this Period

3.00

Full Name (Last, First, Middle Initial)

C. Mr. Leslie D Hirsch FACHE

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1077.53

Date of Receipt

11 / 30 / 2012

Transaction ID : 20526931

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

24.00

TOTAL This Period (last page this line 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 174

<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

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1868.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : 20526932

Amount of Each Receipt this Period

5.08

Full Name (Last, First, Middle Initial)

B. Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1259.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : 20526939

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : 20526941

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

81.08

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 19 OF 174

☒ 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. Sarah Lechner

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 20526942

Amount of Each Receipt this Period

26.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.50

Date of Receipt

11 / 30 / 2012

Transaction ID : 20526946

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas H Frazier Jr

Mailing Address 1813 Cliffview Dr

City

Plano

State

TX

Zip Code

75093-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

LHP Hospital Group

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 20527042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

527.00

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 20 OF 174

☒ 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. Susan Johnston

Mailing Address 2208 Heritage Dr

City

Opelika

State

AL

Zip Code

36804-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 20527044

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. David S Spillers

Mailing Address 101 Sivley Road

City

Huntsville

State

AL

Zip Code

35801-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntsville Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 20527045

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Sammy Watson

Mailing Address 809 University Boulevard East

City

Tuscaloosa

State

AL

Zip Code

35401-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

DCH Regional Medical Center

Occupation

Director Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 20527046

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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 21 OF 174

☒ 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. M. Michelle Hood

Mailing Address 43 Whiting Hill Road

City

Brewer

State

ME

Zip Code

04412-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Healthcare Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 20527048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Marie Beatrice Grause

Mailing Address 148 Main Street

City

Montpelier

State

VT

Zip Code

05602-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vermont Association of Hospitals and H

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 03 / 2012

Transaction ID : 20529468

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis C Miley

Mailing Address 200 West 1st Street

City

Paynesville

State

MN

Zip Code

56362-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paynesville Area Health Care System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 03 / 2012

Transaction ID : 20529528

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 174

☒ 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. J Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital Association

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 20529538

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Patti Smoake

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital Association

Occupation
VP, Public 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
12 / 03 / 2012

Transaction ID : 20529539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City State Zip Code
Columbia SC 29201-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 20529540

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1400.00

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 23 OF 174

☒ 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. Dr. Richard Foster MD

Mailing Address 1000 Center Point Road

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

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 20529542

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Ms. Sherry A. Kolb RN

Mailing Address 844 Grimble Street

City

Sumter

State

SC

Zip Code

29150-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

Director, Staffing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 20529543

Amount of Each Receipt this Period

256.50

Full Name (Last, First, Middle Initial)

C. Mr. Joseph L Woodin

Mailing Address P O Box 2000

City

Randolph

State

VT

Zip Code

05060-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gifford 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
12 / 04 / 2012

Transaction ID : 20544388

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

866.50

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

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

FOR LINE NUMBER: PAGE 24 OF 174

(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. Glenn A Fosdick FACHE

Mailing Address 987400 Nebraska Medical Center

City State Zip Code
 Omaha NE 68198-7400

FEC ID number of contributing federal political committee.

C

Name of Employer

Nebraska Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2012

Transaction ID : 20544406

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Claudio D Fort

Mailing Address 189 Prouty Drive

City State Zip Code
 Newport VT 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 / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : 20556806

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Reta K Baker

Mailing Address 401 Woodland Hills Boulevard

City State Zip Code
 Fort Scott KS 66701-8797

FEC ID number of contributing federal political committee.

C

Name of Employer

Mercy Hospital Fort Scott

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.50

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : 20559264

Amount of Each Receipt this Period

132.50

SUBTOTAL of Receipts This Page (optional)..... ►

982.50

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 25 OF 174

(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. Thomas L Bell

Mailing Address 215 Southeast 8th Avenue

City State Zip Code
 Topeka KS 66603-3906

FEC ID number of contributing federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.24

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : 20559266

Amount of Each Receipt this Period

6.25

Full Name (Last, First, Middle Initial)

B. Ms. Adele Ducharme RN, MSN, M

Mailing Address 2218 NW 81st Ct

City State Zip Code
 Kansas City MO 64151-3700

FEC ID number of contributing federal political committee.

C

Name of Employer

Cushing Memorial Hospital

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : 20559279

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

C. Mr. Terri D Floyd

Mailing Address 1705 Hickory Ln

City State Zip Code
 Fort Scott KS 66701-9017

FEC ID number of contributing federal political committee.

C

Name of Employer

Mercy Hospital Fort Scott

Occupation

Vice President of Finance

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 05 2012

Transaction ID : 20559282

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

421.25

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 174

☒ 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. Linda Goodwin

Mailing Address 314 S Limuel CT

City

Wichita

State

KS

Zip Code

67235-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Health

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 05 / 2012

Transaction ID : 20559289

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Matt Heyn MHA

Mailing Address 923 Carroll Avenue

City

Larned

State

KS

Zip Code

67550-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pawnee Valley Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

12 / 05 / 2012

Transaction ID : 20559297

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Mr. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

621.11

Date of Receipt

12 / 05 / 2012

Transaction ID : 20559312

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

537.50

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

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

FOR LINE NUMBER: PAGE 27 OF 174
(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. Randall G Nyp FACHE

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint John Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20559347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis R Shelby

Mailing Address P O Box 727

City

Alva

State

OK

Zip Code

73717-0727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilson Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20559399

Amount of Each Receipt this Period

117.50

Full Name (Last, First, Middle Initial)

C. Mr. Michael Shipley

Mailing Address 7301 SW Lancelot Ct

City

Topeka

State

KS

Zip Code

66610-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Foundation for Medical Care, Inc

Occupation

Support Services Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20559400

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

592.50

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 28 OF 174

☒ 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. Kendra Tinsley

Mailing Address 200 SW Fairlawn Rd

City

Topeka

State

KS

Zip Code

66606-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Healthcare Collaborative

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20559407

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

B. Mr. Larry Vanderwege

Mailing Address 725 Emerald Dr.

City

Lindsborg

State

KS

Zip Code

67456-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lindsborg Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20559413

Amount of Each Receipt this Period

185.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City

Overland Park

State

KS

Zip Code

66209-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Menorah Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20559416

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

915.00

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 29 OF 174

☒ 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. Edward J Quinlan

Mailing Address 100 Midway Road, Suite 21

City

Cranston

State

RI

Zip Code

02920-5742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Association of Rhode Island

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 11 / 2012

Transaction ID : 20560995

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 11 / 2012

Transaction ID : 20561204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Ellis

Mailing Address 2600 Highway 118 North

City

Alpine

State

TX

Zip Code

79830-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Big Bend Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 10 / 2012

Transaction ID : 20561205

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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 30 OF 174

☒ 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. Donna Meador

Mailing Address 461 Mill Circle Drive

City

Shelbyville

State

KY

Zip Code

40065-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewish Hospital-Shelbyville

Occupation

Vice President, Clinical Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 10 / 2012

Transaction ID : 20561207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Connie Smith

Mailing Address 456 Burnley Road

City

Scottsville

State

KY

Zip Code

42164-6355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center at Scottsville

Occupation

Chief Executive Officer and Chief Oper

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 10 / 2012

Transaction ID : 20561208

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert A Caplan

Mailing Address 1100 Ninth Avenue

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Medical Director of Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2012

Transaction ID : 20561218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 31 OF 174

☒ 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. Sandra Dahl

Mailing Address 5502 Webster Avenue

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 20561219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Andrew Jacobs MD

Mailing Address P O Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 20561220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Ben Lindekugel

Mailing Address 300 Elliott Avenue West
Suite 300

City

Seattle

State

WA

Zip Code

98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Association of WA Public Hospital Dist

Occupation

Director, Member 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
12 / 11 / 2012

Transaction ID : 20561221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 32 OF 174

☒ 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. Rodger McCollum

Mailing Address 9575 Ethan Wade Way Southeast

City State Zip Code
 Snoqualmie WA 98065-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Snoqualmie Valley Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2012

Transaction ID : 20561222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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
 Yakima Valley Memorial Hospital

Occupation
 Senior Vice President and Chief Operat

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 11 2012

Transaction ID : 20561225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms Teresa Pritchard

Mailing Address 2811 Tieton Drive

City State Zip Code
 Yakima WA 98902-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Yakima Valley Memorial Hospital

Occupation
 VP, Employee 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
 12 11 2012

Transaction ID : 20561226

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 33 OF 174

☒ 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. Donna Smith

Mailing Address 1100 Ninth Avenue
PO Box 900

City State Zip Code
Seattle WA 98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Medical Director

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 / 11 / 2012

Transaction ID : 20561227

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Gail Weaver

Mailing Address 4902 Webster Road

City State Zip Code
Yakima WA 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

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 20561228

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard W Linneweh Jr.

Mailing Address 2811 Tieton Drive

City State Zip Code
Yakima WA 98902-3799

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 20561229

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Dr. Gregory D Sawyer MD, PhD

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	11	/	2012

Transaction ID : 20561230

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David E Phelps

Mailing Address 725 North Street

City

Pittsfield

State

MA

Zip Code

01201-4124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berkshire Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

Transaction ID : 20561233

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph White III

Mailing Address 10 Lakeside Terrace

City

Westford

State

MA

Zip Code

01886-1392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

Transaction ID : 20561234

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1625.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 174

☒ 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. Dr. Jeff Absalon MD

Mailing Address 3229 NW Colonial Dr.

City State Zip Code
 Bend OR 97701-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Charles Health System, Inc.

Occupation
 Chief Physician Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2012

Transaction ID : 20562961

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Peggy Allen

Mailing Address 18839 Roundtree

City State Zip Code
 Oregon City OR 97045-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Association of Hospitals & Heal

Occupation
 Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2012

Transaction ID : 20562962

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis E Burke

Mailing Address 610 NW 11th Street

City State Zip Code
 Hermiston OR 97838-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Good Shepherd Health Care System

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2012

Transaction ID : 20562972

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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 36 OF 174

☒ 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. Richard M Cagen

Mailing Address 342 Fairview Street

City

Silverton

State

OR

Zip Code

97381-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

President/Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562973

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Wayne Clark

Mailing Address 7555 SW Afton Lane

City

Tigard

State

OR

Zip Code

97224-7680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

VP, Community Relations & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562974

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Fred E. Coleman

Mailing Address 14505 NW 52nd Ct

City

Vancouver

State

WA

Zip Code

98685-0511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Medical Director, Surgical Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562977

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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 37 OF 174

☒ 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 Gina Cole-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

Occupation

Gov. Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562978

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Andrew S Davidson

Mailing Address 4000 Kruse Way Place, Suite 2-100

City

Lake Oswego

State

OR

Zip Code

97035-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals and He

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562979

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. James A. Diegel

Mailing Address 2500 NE Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562980

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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 38 OF 174

☒ 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. Andrea Easton

Mailing Address 258 Evergreen Road
#4

City State Zip Code
Lake Oswego OR 97034-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562981

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr Mark M. Enger

Mailing Address 123 NW 12 Ave

City State Zip Code
Portland OR 97209-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

VP/COO, Care Delivery Operations Kaise

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562984

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ms Krista Farnham

Mailing Address 2140 Middle Fork Cir

City State Zip Code
Seaside OR 97138-1191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Milwaukie Hospital

Occupation

Associate Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562985

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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 39 OF 174

☒ 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. Duane Francis

Mailing Address 1700 East 19th Street

City

The Dalles

State

OR

Zip Code

97058-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Columbia Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20562986

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Gomes

Mailing Address 2991 SE Triangle Outfit Dr

City

Prineville

State

OR

Zip Code

97754-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20562987

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy Herrmann

Mailing Address 1965 Alder Street

City

Eugene

State

OR

Zip Code

97405-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Medical Center at RiverBe

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20562992

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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 40 OF 174

☒ 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. John G Hill

Mailing Address 2751 Shadow View Dr

City State Zip Code
 Eugene OR 97408-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : 20562993

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Houser FACHE

Mailing Address 170 Ford Road

City State Zip Code
 John Day OR 97845-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Mountain Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : 20562994

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Win Howard

Mailing Address 378 Sierra Lodge Drive

City State Zip Code
 Grants Pass OR 97527-9087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Three Rivers Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : 20562995

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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

FOR LINE NUMBER: PAGE 41 OF 174
(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. Paul Janke FACHE

Mailing Address 1775 Thompson Road

City State Zip Code
Coos Bay OR 97420-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562996

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott Kelly

Mailing Address 675 S Oregon St

City State Zip Code
Jacksonville OR 97530-9792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562998

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. John Jay Kenagy PhD

Mailing Address 1801 Lind Avenue SW, 9016

City State Zip Code
Renton WA 98057-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Meridian Park Hospital

Occupation

Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20562999

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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 42 OF 174

☒ 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. David Kinyon

Mailing Address 1110 NW Hillside Dr

City

Grants Pass

State

OR

Zip Code

97526-1175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Director, Operational Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20563000

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ms. Robin Moody

Mailing Address 8553 SW 8th Ave

City

Portland

State

OR

Zip Code

97219-4577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20563006

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ms. Lori Morgan

Mailing Address 5811 North Bowdoin St

City

Portland

State

OR

Zip Code

97203-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Good Samaritan Hospital and Med

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20563007

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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 43 OF 174

☒ 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. Duncan Neilson

Mailing Address 17506 SE Walta Vista Dr

City

Milwaukie

State

OR

Zip Code

97267-5547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Clinical Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20563016

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ms. Becky A Pape MPA, RN

Mailing Address P O Box 739

City

Lebanon

State

OR

Zip Code

97355-0739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Lebanon Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20563018

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Theron Park

Mailing Address 4805 NE Glisan Street

City

Portland

State

OR

Zip Code

97213-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Portland Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 20563019

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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 44 OF 174

☒ 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. Thomas Russell

Mailing Address 9670 SE 257 Ave

City

Damascus

State

OR

Zip Code

97089-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563025

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr David Russell

Mailing Address 1470 SW 19 Ct

City

Gresham

State

OR

Zip Code

97080-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center

Occupation

Vice President Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563026

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Mr. Roger Saydack

Mailing Address 2685 Columbia St

City

Eugene

State

OR

Zip Code

97403-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Medical Center

Occupation

Regional Vice President Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563027

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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 45 OF 174

☒ 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. Kirk Schueler

Mailing Address 2500 NE Neff Road

City

State

Zip Code

Bend

OR

97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

Chief Administrator Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563030

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Shepard

Mailing Address 2500 NE Neff Road

City

State

Zip Code

Bend

OR

97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Medical Center - Redmond

Occupation

Senior Vice President Finance and Chie

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563031

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Stenson

Mailing Address 335 SE Eighth Avenue

City

State

Zip Code

Hillsboro

OR

97123-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuality Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563033

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

950.00

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 46 OF 174

☒ 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. Paul R Stewart

Mailing Address 2865 Daggett Avenue

City

Klamath Falls

State

OR

Zip Code

97601-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sky Lakes Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563035

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Thompson

Mailing Address 210 Bellerive Drive

City

Eagle Point

State

OR

Zip Code

97524-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Quality Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563037

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles B Tveit

Mailing Address 700 South 'J' Street

City

Lakeview

State

OR

Zip Code

97630-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake District Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563039

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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

FOR LINE NUMBER: PAGE 47 OF 174
(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. David T Underriner

Mailing Address 2690 Surrey Lane

City

West Linn

State

OR

Zip Code

97068-2268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

Chief Executive Officer, Portland Serv

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563040

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Andy Van Pelt

Mailing Address 4000 Kruse Way Place
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563041

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Greg Van Pelt

Mailing Address 224 NW Skyline Blvd

City

Portland

State

OR

Zip Code

97210-1069

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563042

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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 48 OF 174

☒ 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. Roy G Vinyard FACHE

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

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563043

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. James A Wathen

Mailing Address 900 11th Street SE

City

Bandon

State

OR

Zip Code

97411-9114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Coos Hospital and Health Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 20563045

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Donovan

Mailing Address 512 Brookside Dr

City

New London

State

NH

Zip Code

03257-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt. Ascutney Hospital and Health Cente

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
12 / 13 / 2012

Transaction ID : 20565331

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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 49 OF 174

☒ 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. Patrick J Branco

Mailing Address 3100 Tongass Avenue

City

Ketchikan

State

AK

Zip Code

99901-5746

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Ketchikan 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 / 17 / 2012

Transaction ID : 20572963

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark S Rulle

Mailing Address 106 Stone Point Drive #118

City

Annapolis

State

MD

Zip Code

21401-6990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President, MHEI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2012

Transaction ID : 20573812

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Canessa

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 20573816

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

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

1017.50

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 174

☒ 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. Daniel Keenan

Mailing Address 271 Carew St.

City

Springfield

State

MA

Zip Code

01104-2377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Senior Vice President Government Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 20573818

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Patrick R Wardell

Mailing Address 25 Carver Street

City

Cambridge

State

MA

Zip Code

02138-1969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambridge Health Alliance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 20573820

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Ms. Tracy Church

Mailing Address P O Box 5037

City

Hartford

State

CT

Zip Code

06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Healthcare

Occupation

Senior Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573913

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1412.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Dr. Jonathan R Bates MD

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	/	18	/	2012

Transaction ID : 20573917

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary Bebow FACHE

Mailing Address P O Box 2197

City

Batesville

State

AR

Zip Code

72503-2197

FEC ID number of contributing
federal political committee.

C

Name of Employer

White River Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : 20573918

Amount of Each Receipt this Period

170.62

Full Name (Last, First, Middle Initial)

C. Mr. Tim Bowen

Mailing Address 311 North Morrow Street

City

Mena

State

AR

Zip Code

71953-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mena Regional Health System

Occupation

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	/	18	/	2012

Transaction ID : 20573920

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

723.12

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 174

☒ 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. Dr. Roger M. Busfield Jr., PhD,

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
12 / 18 / 2012

Transaction ID : 20573921

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Greg Crain

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

Vice President Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573922

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Harrison M Dean FACHE

Mailing Address 3333 Springhill Drive

City

North Little Rock

State

AR

Zip Code

72117-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Medical Center - North

Occupation

Senior Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573923

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

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

780.00

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 53 OF 174

☒ 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. Kristy Estrem FACHE

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

Mercy 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
12 / 18 / 2012

Transaction ID : 20573926

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Evans

Mailing Address 11501 Financial Center Parkway

City

Little Rock

State

AR

Zip Code

72211-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Pointe 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
12 / 18 / 2012

Transaction ID : 20573927

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Mr. Ryan Gehrig

Mailing Address P O Box 1308

City

Norman

State

OK

Zip Code

73070-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Fort Smith

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573928

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 174
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Russell D Harrington Jr FACHE

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

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : 20573929

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward L Lacy FACHE

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : 20573931

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. James L Magee

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : 20573934

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line 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 174

☒ 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. Larry Morse

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573935

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Barry Pipkin

Mailing Address 21 Bridgeway Road

City

North Little Rock

State

AR

Zip Code

72113-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer

BridgeWay, The

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
12 / 18 / 2012

Transaction ID : 20573938

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. James T Sato FACHE

Mailing Address P O Box 788

City

Helena

State

AR

Zip Code

72342-0788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Helena Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573939

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

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

780.00

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 56 OF 174

☒ 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. Scott Street

Mailing Address 2710 Rife Medical Lane

City

Rogers

State

AR

Zip Code

72758-1452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Rogers

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
12 / 18 / 2012

Transaction ID : 20573940

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Kyle Swift

Mailing Address P O Box 1998

City

El Dorado

State

AR

Zip Code

71731-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center of South Arkansas

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
12 / 18 / 2012

Transaction ID : 20573941

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

c. Mr. Douglas Weeks FACHE

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

Occupation

Senior Vice President of Hosp Operatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20573943

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

877.50

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 174

(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. Margaret M West MS, RD, LD

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

12 / 18 / 2012

Transaction ID : 20573944

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Mr. Douglas J Leonard

Mailing Address One American Square
Suite 1900

City

Indianapolis

State

IN

Zip Code

46282-0200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 19 / 2012

Transaction ID : 20574264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City

Carmel

State

IN

Zip Code

46033-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 19 / 2012

Transaction ID : 20574265

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1727.50

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 174

(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. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 20574266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City

Indianapolis

State

IN

Zip Code

46278-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 20574267

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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 / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 20574273

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 59 OF 174

☒ 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. Gregory E Boyer

Mailing Address 10101 Double 'R' Boulevard

City State Zip Code
 Reno NV 89521-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Renown Regional 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 19 2012

Transaction ID : 20574274

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Bill M Welch

Mailing Address 5250 Neil Road, Suite 302

City State Zip Code
 Reno NV 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 / D D / Y Y Y Y Y
 12 19 2012

Transaction ID : 20574275

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John E Barrett III

Mailing Address P O Box 2600

City State Zip Code
 Boone NC 28607-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bon Secours-DePaul Medical Center

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
 12 19 2012

Transaction ID : 20574276

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1350.00

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 60 OF 174

☒ 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. David Jenkins

Mailing Address 2620 Pleasant Run Drive

City

Richmond

State

VA

Zip Code

23233-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Director of Human Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 20574278

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ms Charlotte Perkins

Mailing Address 326 Willway

City

Manakin Sabot

State

VA

Zip Code

23103-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 20574279

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim Shephard

Mailing Address P O Box 27184

City

Richmond

State

VA

Zip Code

23261-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Vice President Neurosciences

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 20574280

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 174
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Margaret Naleppa M.S., M.B.

Mailing Address 1121 Riverside Drive

City
SalisburyState
MDZip Code
21801-5422FEC ID number of contributing
federal political committee.

C

Name of Employer

Peninsula Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

Transaction ID : 20574288

Amount of Each Receipt this Period

272.00

Full Name (Last, First, Middle Initial)

B. Ms. Bonnie Phipps

Mailing Address 1 Sawgrass Court

City
TimoniumState
MDZip Code
21093-7000FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Agnes Hospital

Occupation

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	/	19	/	2012

Transaction ID : 20574290

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin J Sexton

Mailing Address 811 Woodside Parkway

City
Silver SpringState
MDZip Code
20910-4275FEC 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	/	19	/	2012

Transaction ID : 20574293

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

1037.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 174
(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. Nicole Stallings

Mailing Address 411 Golf Course Drive

City State Zip Code
 Arnold MD 21012-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Assistant VP, Quality Policy & Advocac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2012

Transaction ID : 20574295

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Ms. Pegeen A. Townsend

Mailing Address 225 McKeon Road

City State Zip Code
 Severna Park MD 21146-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2012

Transaction ID : 20574296

Amount of Each Receipt this Period

255.00

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

Oklahoma Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : 20574373

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

810.00

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

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

FOR LINE NUMBER: PAGE 63 OF 174

(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. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20574385

Amount of Each Receipt this Period

6.00

Full Name (Last, First, Middle Initial)

B. Mr. Sam W Cameron

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20574388

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City

Madison

State

MS

Zip Code

39110-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer

HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 20574389

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

16.00

TOTAL This Period (last page this line 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 64 OF 174

☒ 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. Richard Grimes

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President- Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.74

Date of Receipt

12 / 18 / 2012

Transaction ID : 20574394

Amount of Each Receipt this Period

14.58

Full Name (Last, First, Middle Initial)

B. Dr. Marcella McKay Ph.D.

Mailing Address 322 Helmsley Drive

City

Brandon

State

MS

Zip Code

39047-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP Nursing/CEO MHA Health, Research &

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 18 / 2012

Transaction ID : 20574406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles L. Harrison

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Executive Director, MHEFA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 18 / 2012

Transaction ID : 20574407

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

514.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Mr. Steve Dickson

Mailing Address P.O. Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2012			

Transaction ID : 20574408

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard G Hilton

Mailing Address P O Box 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2012			

Transaction ID : 20574410

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael R Edwards

Mailing Address P O Box 259

City

Morton

State

MS

Zip Code

39117-0259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2012			

Transaction ID : 20574419

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 174

☒ 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. Jennifer E. Mallard

Mailing Address 1455 Pennsylvania Ave, NW
Suite 400

City Washington State DC Zip Code 20004-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Director Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 20 / 2012

Transaction ID : 20574623

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

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

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2620.00

Date of Receipt

12 / 20 / 2012

Transaction ID : 20574624

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Ben Peltier

Mailing Address 2550 University Avenue W.
Suite 350-S

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.62

Date of Receipt

12 / 20 / 2012

Transaction ID : 20574627

Amount of Each Receipt this Period

269.29

SUBTOTAL of Receipts This Page (optional)..... ►

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

1469.29

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 174

☒ 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. 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

Minnesota Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.98

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 20574645

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

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 20574646

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

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 20574648

Amount of Each Receipt this Period

134.61

SUBTOTAL of Receipts This Page (optional)..... ►

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

409.22

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 174

(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. Matthew Anderson JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.62

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 20 / 2012

Transaction ID : 20574658

Amount of Each Receipt this Period

269.29

Full Name (Last, First, Middle Initial)

B. Ms. Stacy Barstad

Mailing Address 251 Fifth Street East

City

Tracy

State

MN

Zip Code

56175-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Westbrook Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 20 / 2012

Transaction ID : 20574659

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. Ms. Wendy Burt

Mailing Address 2550 University Avenue W.

Suite 350-S

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, Communications & Publi

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 20 / 2012

Transaction ID : 20574675

Amount of Each Receipt this Period

94.22

SUBTOTAL of Receipts This Page (optional)..... ►

418.51

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

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

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

FOR LINE NUMBER: PAGE 69 OF 174

(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. Tania Daniels

Mailing Address 2550 University Avenue W.

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing federal political committee.

C

Name of Employer
 Minnesota Hospital Association

Occupation
 Vice President, Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.98

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : 20574676

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

B. Ms. Ann GibsonMailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing federal political committee.

C

Name of Employer
 Minnesota Hospital Association

Occupation
 Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.09

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : 20574678

Amount of Each Receipt this Period

184.17

Full Name (Last, First, Middle Initial)

C. Ms. Kristin LoncorichMailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
 Saint Paul MN 55114-1907

FEC ID number of contributing federal political committee.

C

Name of Employer
 Minnesota Hospital Association

Occupation
 Director of State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : 20574681

Amount of Each Receipt this Period

134.61

SUBTOTAL of Receipts This Page (optional)..... ►

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

453.39

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 70 OF 174

☒ 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. Cynthia Blair

Mailing Address 7935 Preservation Road

City

Tallahassee

State

FL

Zip Code

32312-6766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Memorial HealthCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 20 / 2012

Transaction ID : 20585002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Michael Lawton

Mailing Address P.O. Box 103574

City

Gainesville

State

FL

Zip Code

32610-3574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shands HealthCare

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 20 / 2012

Transaction ID : 20585003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Ellen Anderson

Mailing Address 121 N Monroe St
Unit 1401

City

Tallahassee

State

FL

Zip Code

32301-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Director of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 20 / 2012

Transaction ID : 20585004

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 71 OF 174

☒ 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. Peter Bath

Mailing Address 17916 Sheltered Ridge Lane

City State Zip Code
Tampa FL 33647-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Tampa (AHS)

Occupation
Vice President Mission

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 / 20 / 2012

Transaction ID : 20585006

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Audrey Moran

Mailing Address 9356 River Pine Rd

City State Zip Code
Jacksonville FL 32257-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation
Senior Vice President Social Repsonsib

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 / 20 / 2012

Transaction ID : 20585007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jason H Moore

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial HealthCare

Occupation
Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 20585009

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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 72 OF 174

☒ 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. John R. Brownlow

Mailing Address 5608 Bear Lake Circle

City

Apopka

State

FL

Zip Code

32703-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Sr. Vice President, Managed Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 20585010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William Ferniany PhD

Mailing Address 132 Queensberry Crescent

City

Mountain Brk

State

AL

Zip Code

35223-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585014

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Lisenby MD

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5452

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Vice President and Chief Medical Office

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585015

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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 73 OF 174

☒ 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. Christopher Clark

Mailing Address 13045 Sawyer Drive

City State Zip Code
Opelika AL 36801

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 20585018

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Laura D Grill BSN, RN

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Executive Vice President and Administr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 20585020

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Gregory A. Nichols CHFM

Mailing Address 22136 Veterans Memorial Pkwy

City State Zip Code
Lafayette AL 36862-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 20585021

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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 174
(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. Dennis Thrasher

Mailing Address 2190 Springwood Drive

City State Zip Code
Auburn AL 36830-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Center

Occupation
Asst. Vice President/Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 20585022

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mrs. Roben H Nutter MBA, CPHQ

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36801-5452

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Center

Occupation
Assistant Vice President and General 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
12 21 2012

Transaction ID : 20585023

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Sam Price

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36802-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama Medical Center

Occupation
Executive Vice President Finance/Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 20585024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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 75 OF 174

☒ 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. Jane M. Fullum

Mailing Address 839 Millers Point Rd

City

Auburn

State

AL

Zip Code

36830-7628

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585027

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Sarah T. Gray

Mailing Address 3010 Pheasant Dr

City

Opelika

State

AL

Zip Code

36801-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Assistant Vice President/Information T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585028

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Laura W. Bell

Mailing Address 8897 Tara Lane

City

Auburn

State

AL

Zip Code

36830-8247

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Alabama Medical Center

Occupation

Asst. Vice President/ Quality Manageme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585030

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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 174
(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. Barry S Cochran FACHE

Mailing Address P O Drawer 710

City State Zip Code
 Fayette AL 35555-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fayette Medical Center

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : 20585031

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

B. Ms. Kelli Powers

Mailing Address 605 S. 4th Street

City State Zip Code
 Lanett AL 36863-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Athens-Limestone 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
 12 21 2012

Transaction ID : 20585032

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Christopher B Griffin

Mailing Address P O Box 908

City State Zip Code
 Brewton AL 36427-0908

FEC ID number of contributing
federal political committee.

C

Name of Employer
 D. W. McMillan Memorial 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
 12 21 2012

Transaction ID : 20585033

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1400.00

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

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

FOR LINE NUMBER: PAGE 77 OF 174

(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. Tom R McDougal Jr.

Mailing Address 995 Ninth Avenue SW

City

Bessemer

State

AL

Zip Code

35022-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical West

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585034

Amount of Each Receipt this Period

312.00

Full Name (Last, First, Middle Initial)

B. Mr. Dean A Griffin

Mailing Address P O Box 2239

City

Decatur

State

AL

Zip Code

35609-2239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585036

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Glenn C Sisk

Mailing Address 315 West Hickory Street

City

Sylacauga

State

AL

Zip Code

35150-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coosa Valley Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585037

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

912.00

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 78 OF 174

☒ 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. Teresa G Grimes

Mailing Address P O Box 428

City

Jackson

State

AL

Zip Code

36545-0428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Troy Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585038

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

B. Mr. Todd S Kennedy

Mailing Address 50 Medical Park East Drive

City

Birmingham

State

AL

Zip Code

35235-9987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Executive Vice President and Chief Ope

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 / 21 / 2012

Transaction ID : 20585039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Joe B Riley

Mailing Address 525 Towne Lake Drive

City

Montgomery

State

AL

Zip Code

36117-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Hospital and Clinic

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

794.00

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 79 OF 174

☒ 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. Andrew J Hetrick

Mailing Address 1069 Center Springs Rd

City

Somerville

State

AL

Zip Code

35670-4225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur General Hospital

Occupation

Executive Director Surgery Center

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585044

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John D. Anderson

Mailing Address 1804 Court Road

City

Winfield

State

AL

Zip Code

35594-6906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshall Medical Center South

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585045

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Charles A Faulkner FACHE

Mailing Address 1200 West Maple Avenue

City

Geneva

State

AL

Zip Code

36340-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wiregrass Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585046

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 80 OF 174

☒ 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. Nina Dusang

Mailing Address 11485 April Sound Drive

City
Northport

State
AL

Zip Code
35475-3334

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCH Health System

Occupation
Vice President Finance and Chief Finan

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 / 21 / 2012

Transaction ID : 20585047

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard E Caldwell

Mailing Address 1725 Pine Street

City
Montgomery

State
AL

Zip Code
36106-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Hospital and Clinic

Occupation
Vice President Support 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
12 / 21 / 2012

Transaction ID : 20585048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sharon A Goodison

Mailing Address 680 SE 80th St

City
Ocala

State
FL

Zip Code
34480-6196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Hospital and Clinic

Occupation
Vice President Patient Care 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
12 / 21 / 2012

Transaction ID : 20585100

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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 81 OF 174

☒ 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 Janet McQueen

Mailing Address 505 Cloverdale Rd

City

Montgomery

State

AL

Zip Code

36106-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Hospital and Clinic

Occupation

VP of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20585101

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly A. Champi Krenik

Mailing Address 605 Upland Place

City

Alexandria

State

VA

Zip Code

22301-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20600930

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

316.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20600933

Amount of Each Receipt this Period

2.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1452.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1265.25

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

Transaction ID : 20600934

Amount of Each Receipt this Period

2.00

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

253.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

Transaction ID : 20600938

Amount of Each Receipt this Period

4.00

Full Name (Last, First, Middle Initial)

C. Mr. Leslie D Hirsch FACHE

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1097.53

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

Transaction ID : 20600943

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

26.00

TOTAL This Period (last page this line 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 174

☒ 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. 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 ▼

1874.63

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20600944

Amount of Each Receipt this Period

6.08

Full Name (Last, First, Middle Initial)

B. Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20600949

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 20600953

Amount of Each Receipt this Period

2.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

10.08

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 174

☒ 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. Sarah Lechner

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

12 / 21 / 2012

Transaction ID : 20600954

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.50

Date of Receipt

12 / 21 / 2012

Transaction ID : 20600962

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

C. Ms. Dawn Ahner

Mailing Address 77 Pringle Way

City

Reno

State

NV

Zip Code

89502-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renown Rehabilitation Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 27 / 2012

Transaction ID : 20608771

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

504.00

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 85 OF 174

☒ 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. Dr. Steven Hester MD

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Suburban Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20608772

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert F Letson

Mailing Address 4300 Bartlett Street

City

Homer

State

AK

Zip Code

99603-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Peninsula Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20608780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Caroline Matthews

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20608903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1100.00

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 86 OF 174

☒ 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. Annie Holt

Mailing Address P O Box 143889

City

Anchorage

State

AK

Zip Code

99514-3889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alaska Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609047

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert E Simpson Jr. MPH

Mailing Address P O Box 803

City

Brattleboro

State

VT

Zip Code

05302-0803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Retreat

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
12 / 28 / 2012

Transaction ID : 20609048

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Melinda Hancock

Mailing Address 6998 Rotherham Dr.

City

Mechanicsville

State

VA

Zip Code

23116-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609050

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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 87 OF 174

☒ 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. Dr. Rulon F Stacey PhD, FACHE

Mailing Address 2315 East Harmony Road, Suite 200

City

Fort Collins

State

CO

Zip Code

80528-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20609051

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher S. Bailey

Mailing Address 2814 Northlake Drive

City

Richmond

State

VA

Zip Code

23233-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20609052

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Lawrence

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Medical Center

Occupation

Vice President Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20609053

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

950.00

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 88 OF 174

☒ 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 Mark Pierce MD

Mailing Address 1856 Zion Church Rd

City

Maurertown

State

VA

Zip Code

22644-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warren Memorial Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609054

Amount of Each Receipt this Period

350.00

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 ▼

317.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609062

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1266.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609063

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

352.00

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 89 OF 174

☒ 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. 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 ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609066

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1875.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609068

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609069

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3.00

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 90 OF 174

☒ 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. 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 ▼

219.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20609071

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

B. Ms. Sarah Lechner

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20609072

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1637.50

Date of Receipt

12 / 28 / 2012

Transaction ID : 20609074

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 91 OF 174

☒ 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. Greg M. Gillespie

Mailing Address 5803 Woodstock Ave

City
Lincoln

State
NE

Zip Code
68512-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609086

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert J Lanik

Mailing Address 6520 Ponderosa Cir

City
Lincoln

State
NE

Zip Code
68510-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary's Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20609087

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Gregory A Hurst

Mailing Address 2001 Peachtree Road NE, Suite 400

City
Atlanta

State
GA

Zip Code
30309-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Healthcare

Occupation

President Finance and 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 / 27 / 2012

Transaction ID : 20609095

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

950.00

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 92 OF 174

☒ 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. John T Fox

Mailing Address 3392 Woodhaven Road, NW

City State Zip Code
 Atlanta GA 30305-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2012

Transaction ID : 20609099

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Graue

Mailing Address 1950 Barrett Lakes Blvd.
 Number 1112

City State Zip Code
 Kennesaw GA 30144-7556

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President/Chief Operati

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 27 2012

Transaction ID : 20609100

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. William T Richardson

Mailing Address 302 West 24th Street

City State Zip Code
 Tifton GA 31794-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tift Regional Medical Center

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
 12 27 2012

Transaction ID : 20609101

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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 93 OF 174

☒ 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. Claus von Zychlin

Mailing Address 6136 Grey Friar Way

City State Zip Code
Dublin OH 43017-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Carmel

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 27 2012

Transaction ID : 20610543

Amount of Each Receipt this Period

500.50

Full Name (Last, First, Middle Initial)

B. Mr. Jonathan Archey

Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 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 27 2012

Transaction ID : 20610544

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Janet L Miller

Mailing Address 11100 Euclid Avenue

City State Zip Code
Cleveland OH 44106-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

Chief Legal 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 27 2012

Transaction ID : 20610546

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1350.50

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

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

FOR LINE NUMBER: PAGE 94 OF 174
(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. Ronald Fovargue

Mailing Address 2320 Keystone Court

City
Naperville

State Zip Code
IL 60565-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2012

Transaction ID : 20610552

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kamala Ghaey

Mailing Address 219 Central Avenue

City
Chicago

State Zip Code
IL 60630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Illinois Masonic Medical Cent

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2012

Transaction ID : 20610553

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Joe Holler

Mailing Address P O Box 3015

City
Naperville

State Zip Code
IL 60566-7015

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2012

Transaction ID : 20610559

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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 95 OF 174

☒ 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. Robert Crosby

Mailing Address 242 Green Street

City

Gardner

State

MA

Zip Code

01440-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

12 / 27 / 2012

Transaction ID : 20610564

Amount of Each Receipt this Period

112.50

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Whitney RN, MA, NE

Mailing Address 261 Pine Hill Rd

City

Chelmsford

State

MA

Zip Code

01824-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Assoc Chief Nurse/Patient Care Service

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

12 / 27 / 2012

Transaction ID : 20610566

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Mr. Michael Murphy

Mailing Address 72 Fox Run Rd

City

Bolton

State

MA

Zip Code

01740-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marlborough Hospital

Occupation

Board Member

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 27 / 2012

Transaction ID : 20610567

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 96 OF 174
(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. Dr. Gary L Gottlieb MD, MBA

Mailing Address 800 Boylston Street, Suite 1150

City
Boston

State
MA

Zip Code
02199-8123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners HealthCare System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20610571

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

B. Ms. Rose Kavalchuck

Mailing Address 406 Maples Street

City

Winchendon

State

MA

Zip Code

01475-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

V.P. Quality Sys. & Prof. Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20610572

Amount of Each Receipt this Period

112.50

Full Name (Last, First, Middle Initial)

C. Ms. Tina Santos

Mailing Address 2 Scenic View Drive

City

Pelham

State

NH

Zip Code

03076-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

VP Patient Care & CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20610574

Amount of Each Receipt this Period

112.50

SUBTOTAL of Receipts This Page (optional)..... ►

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

1350.00

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 97 OF 174

☒ 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. Timothy J Walsh

Mailing Address P O Box 1477

City

Oak Bluffs

State

MA

Zip Code

02557-1477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martha's Vineyard Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

12 / 27 / 2012

Transaction ID : 20610575

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Ms. Patricia B. McMullin Esq.

Mailing Address 330 Brookline Avenue

City

Boston

State

MA

Zip Code

02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

Director of Intergovernmental Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

12 / 27 / 2012

Transaction ID : 20610576

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

c. Mr. Roger S John

Mailing Address P O Box 366

City

Phillipsburg

State

KS

Zip Code

67661-0366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Plains Health Alliance, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20610581

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1450.00

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 98 OF 174

☒ 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. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.11

Date of Receipt

12 / 28 / 2012

Transaction ID : 20610582

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael P Thomas

Mailing Address P O Box 820

City

Meade

State

KS

Zip Code

67864-0820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meade District Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.75

Date of Receipt

12 / 28 / 2012

Transaction ID : 20610584

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Robin Virgin

Mailing Address 12310 NE 21st Street

City

Vancouver

State

WA

Zip Code

98684-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20610590

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

775.00

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 99 OF 174

☒ 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. John R White

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 and Superinten

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 / 28 / 2012

Transaction ID : 20610591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Gladys M. Campbell

Mailing Address 2220 NW Aspen Avenue

City

Portland

State

OR

Zip Code

97210-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Organization of Nurse Execut

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20610592

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Sarah Patterson

Mailing Address P O Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20610593

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

825.00

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

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

FOR LINE NUMBER: PAGE 100 OF 174
(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. Raymond Dusman, M.D.

Mailing Address 2109 Turnberry Lane

City

Fort Wayne

State

IN

Zip Code

46814-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health

Occupation

Chief Physician Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20610604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Shawn W McCoy

Mailing Address 416 S. Roosevelt Dr.

City

Evansville

State

IN

Zip Code

47714-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deaconess Health System

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20610618

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Carl W. Risk II

Mailing Address 2479 Woods Edge Drive

City

Madison

State

IN

Zip Code

47250-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Jennings Hospital

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20610624

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 101 OF 174

(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. Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City State Zip Code
 Greenwood IN 46143-9255

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 / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20610634

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Katherine Wallace

Mailing Address 10655 West 650 South

City State Zip Code
 Columbus IN 47201-8476

FEC ID number of contributing federal political committee.

C

Name of Employer
 Indiana Hospital Association

Occupation
 Director Performance Improvement

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 28 2012

Transaction ID : 20610635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Cathleen A. Arnold

Mailing Address 825 West 77th St. South Drive

City State Zip Code
 Indianapolis IN 46260

FEC ID number of contributing federal political committee.

C

Name of Employer
 Indiana Hospital Association

Occupation
 Director Member Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20610636

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

925.00

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

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

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

FOR LINE NUMBER: PAGE 102 OF 174
(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. Betsy Lee RN, MSPH

Mailing Address 3611 E. Carmel Dr.

City State Zip Code
Carmel IN 46033-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Indiana Hospital Association Director, Indiana Patient Safety Centre

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 28 2012

Transaction ID : 20610637

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr. Melvyn Patashnick

Mailing Address 528 Washington Highway

City State Zip Code
Morrisville VT 05661-8973

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Copley Hospital 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
12 28 2012

Transaction ID : 20621369

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City State Zip Code
Anderson SC 29621-1985

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
AnMed Health Medical Center Director of Urgent Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 20621390

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1025.00

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 103 OF 174

☒ 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. Thomas C Dandridge

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 / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621391

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City

Johns Island

State

SC

Zip Code

29455-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621392

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Allen P Carroll

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 Xavier Hospita

Occupation

Senior Vice President and Chief Execut

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621393

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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 104 OF 174

☒ 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. David L. Dunlap FACHE

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 ▼

1000.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20621394

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew J Severance FACHE

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20621395

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John Sullivan

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20621418

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 174

☒ 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. Bret Johnson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Financial 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
12 / 28 / 2012

Transaction ID : 20621419

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. J Thornton Kirby

Mailing Address 1000 Center Point Road

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Allan Stalvey

Mailing Address 900 Gregg Street

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621421

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1650.00

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 106 OF 174

☒ 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. Charles D Beaman Jr

Mailing Address P O Box 2266

City
Columbia

State
SC

Zip Code
29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health

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
12 / 28 / 2012

Transaction ID : 20621422

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jay Cox FACHE

Mailing Address 1125 Summit Drive

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621423

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert L Colones

Mailing Address P O Box 100551

City
Florence

State
SC

Zip Code
29502-0551

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLeod Regional Medical Center

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
12 / 28 / 2012

Transaction ID : 20621618

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1550.00

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 107 OF 174

☒ 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. James A Pfeiffer FACHE

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 / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. 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 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
12 / 28 / 2012

Transaction ID : 20621620

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John A Miller Jr FACHE

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 Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621621

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 108 OF 174

☒ 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. Mark S Nantz FACHE

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis 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
12 / 28 / 2012

Transaction ID : 20621622

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Mattar MD

Mailing Address 616 Southgate Dr

City

Camden

State

SC

Zip Code

29020-9278

FEC ID number of contributing
federal political committee.

C

Name of Employer

KershawHealth

Occupation

Chair, Critical Care Committee

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 / 28 / 2012

Transaction ID : 20621623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian Brezosky

Mailing Address Post Office Box 436620

City

Louisville

State

KY

Zip Code

40253-6620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621636

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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 109 OF 174

☒ 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. Elizabeth G. Cobb

Mailing Address P.O. Box 436629

City

Louisville

State

KY

Zip Code

40205-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621637

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kim J. Dees

Mailing Address 2501 Nelson Miller Parkway
Post Office Box 436629

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Paige Franklin

Mailing Address 404 Kaelin Drive

City

Louisville

State

KY

Zip Code

40207-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20621639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

FOR LINE NUMBER: PAGE 110 OF 174

(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. Nancy C. Galvagni

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code
 Louisville KY 40223-2221

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior 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
 12 28 2012

Transaction ID : 20621640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen P. Miller

Mailing Address 1101 Cardinal Drive

City State Zip Code
 Louisville KY 40253-6629

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20621641

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sarah S. Nicholson

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code
 Louisville KY 40223-2221

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20621642

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 111 OF 174

(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. Debbie Riley

Mailing Address 502 Trotwood Place

City State Zip Code
 Louisville KY 40245-4071

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20621643

Amount of Each Receipt this Period

250.00

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

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
 12 28 2012

Transaction ID : 20621644

Amount of Each Receipt this Period

250.00

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

Kentucky Hospital Association

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 28 2012

Transaction ID : 20621645

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Mr. Robert L Ramey

Mailing Address 153 Dowell Road

City

Russell Springs

State

KY

Zip Code

42642-4579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Russell County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2012			

Transaction ID : 20621646

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Anne Jamieson FACHE

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
12			27			2012			

Transaction ID : 20622054

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Harry G Dorman III FACHE

Mailing Address 125 Mascoma Street

City

Lebanon

State

NH

Zip Code

03766-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alice Peck Day Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2012			

Transaction ID : 20622055

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

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

FOR LINE NUMBER: PAGE 113 OF 174
(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. Scott W Howe

Mailing Address 173 Middle Street

City
Lancaster

State
NH

Zip Code
03584-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Weeks Medical Center

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
12 / 27 / 2012

Transaction ID : 20622057

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Warren K West FACHE

Mailing Address 600 Saint Johnsbury Road

City
Littleton

State
NH

Zip Code
03561-3442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Littleton 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
12 / 27 / 2012

Transaction ID : 20622058

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. 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

Lakes Region General Hospital

Occupation

Senior Vice President, Financial Strat

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 / 27 / 2012

Transaction ID : 20622067

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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 114 OF 174

☒ 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. Andrew Patterson

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

Director, Contracting & Corp. Complian

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 / 27 / 2012

Transaction ID : 20622068

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen J LeBlanc

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Chief Operating 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
12 / 27 / 2012

Transaction ID : 20622069

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott K. McKinnon

Mailing Address PO Box 1202

City

Glen

State

NH

Zip Code

03838-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 20622070

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 OF 174

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter L Gosline

Mailing Address 452 Old Street Road

City	State	Zip Code
Peterborough	NH	03458-1295

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Monadnock Community 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
12	/	27	/	2012

Transaction ID : 20622071

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Clairmont

Mailing Address 80 Highland Street

City	State	Zip Code
Laconia	NH	03246-3235

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Lakes Region General Hospital

 Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2012

Transaction ID : 20622072

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Antonio Coletta

Mailing Address 2105 Currant Court

City	State	Zip Code
Bloomington	IL	61704-2717

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Advocate BroMenn Medical Center

 Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

Transaction ID : 20622106

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

975.00

TOTAL This Period (last page this line 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 116 OF 174

☒ 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. Thomas Lubotsky

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

Advocate Health Care

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
12 28 2012

Transaction ID : 20622109

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian Reardon

Mailing Address 58 Glen Eagle Drive

City State Zip Code
Springfield IL 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 20622112

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Treacy Shiff

Mailing Address 682 Brooklyn Drive

City State Zip Code
Aurora IL 60502-9038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Chicago-Central Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 20622113

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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 117 OF 174

☒ 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. Randy A. Varju

Mailing Address 605 Ridgfield Road

City

New Lenox

State

IL

Zip Code

60451-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20622114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Maryjane Wurth

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20622115

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Corporate Communications & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 20622116

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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

FOR LINE NUMBER: PAGE 118 OF 174

(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. Barbara J Martin RN

Mailing Address 2615 Washington Street

City State Zip Code
Waukegan IL 60085-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Medical Center East

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 20622117

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Alan H Channing

Mailing Address 1500 South California Avenue

City State Zip Code
Chicago IL 60608-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schwab Rehabilitation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 20622118

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Edgar J Curtis

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 20622119

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1700.00

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 119 OF 174

☒ 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. Dolan Dalpoas

Mailing Address 315 8th Street

City

Lincoln

State

IL

Zip Code

62656-2671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abraham Lincoln Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622120

Amount of Each Receipt this Period

700.00

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
12 / 28 / 2012

Transaction ID : 20622121

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

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carle Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622122

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1700.00

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 120 OF 174

☒ 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. Larry Schumacker

Mailing Address P O Box 19456

City
Springfield

State
IL

Zip Code
62794-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622123

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick M Magoon

Mailing Address 2300 Children's Plaza

City
Chicago

State
IL

Zip Code
60614-3394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ann & Robert H. Lurie Children's Hospi

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
12 / 28 / 2012

Transaction ID : 20622124

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Anthony A Armada

Mailing Address 1775 Dempster Street

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

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622125

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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 121 OF 174

☒ 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. Dr. Wayne M Lerner DPH

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622126

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael R Perry MD

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622127

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622128

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1600.00

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 122 OF 174

☒ 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. Harry Wolin

Mailing Address P O Box 530

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622129

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward Andersen

Mailing Address 100 East LeFevre Road

City

Sterling

State

IL

Zip Code

61081-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer

CGH Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622135

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Douglas J. Brooks

Mailing Address PO Box 4344

City

Rockford

State

IL

Zip Code

61110-0844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622136

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1100.00

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 123 OF 174

☒ 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. Natalie Marquez

Mailing Address 200 Stahlhut Drive

City
Lincoln

State
IL

Zip Code
62656-5066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abraham Lincoln Memorial Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622137

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Mr. Jonathan R. Bruss

Mailing Address 30 W 061 Kensington Drive

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622145

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. David S Fox

Mailing Address 3815 Highland Avenue

City

Downers Grove

State

IL

Zip Code

60515-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

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
12 / 28 / 2012

Transaction ID : 20622302

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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 124 OF 174

☒ 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. Vincent Bufalino

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622304

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Dr. Lee Sacks MD

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622305

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

c. Dr. Charles Derus MD

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Vice President Medical Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 20622306

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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 174
(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. Dominic Nakis

Mailing Address 2268 River Woods Drive

City State Zip Code
 Naperville IL 60565-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Advocate Health Care Vice President, Finance

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20622307

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin R Brady

Mailing Address 1525 Hillcrest Road

City State Zip Code
 Downers Grove IL 60516-1738

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
 12 28 2012

Transaction ID : 20622309

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. George Teufel

Mailing Address 450 West Highway 22

City State Zip Code
 Barrington IL 60010-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Advocate Good Shepherd Hospital Vice President Finance

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20622312

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1840.00

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 126 OF 174

☒ 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. Kevin Massey

Mailing Address 1775 Dempster Street

City State Zip Code
 Park Ridge IL 60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advocate Lutheran General Hospital

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20622313

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Mr. Antonio Coletta

Mailing Address 2105 Currant Court

City State Zip Code
 Bloomington IL 61704-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advocate BroMenn Medical Center

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20622314

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Treacy Shiff

Mailing Address 682 Brooklyn Drive

City State Zip Code
 Aurora IL 60502-9038

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kindred Chicago-Central Hospital

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 20622315

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

680.00

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 174

(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. Philip Sprinkle II

Mailing Address 30 Ivan Allen, Jr. Blvd. NW
Suite 700

City Atlanta State GA Zip Code 30308-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Balch & Bingham, LLC

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

12 / 05 / 2012

Transaction ID : 20727763

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

B. Mr. Cavender Kimble

Mailing Address 1901 Sixth Avenue North
Suite 1500

City Birmingham State AL Zip Code 35203-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Balch & Bingham, LLP

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

12 / 05 / 2012

Transaction ID : 20727764

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

C. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1045726227512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

115.19

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 174

☒ 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. David Schulke

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 ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1057462127512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Sarah B. Macchiarola

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1082532727512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1113464227512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

195.57

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 129 OF 174

☒ 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. Lisa Allen

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 ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR118928227512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1260472927512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1347703627512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

137.86

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 174

☒ 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. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1347791027512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Heather Drevna

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 / 2012

Transaction ID : PR1348169727512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Sharon Allen

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 ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1474886227512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.57

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 174

☒ 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. Mark Colucci

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 ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1475133727512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1476385727512

Amount of Each Receipt this Period

47.71

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1492459927512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

220.38

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 174

☒ 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. Monica D Day

Mailing Address 4321 Telfair Blvd
D319

City State Zip Code
Suitland MD 20746-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR1516850627512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Elisa Arespachoga

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR1555656227512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR1589439927512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.57

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 174

☒ 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. Kimberly Baker

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 ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1590809127512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Robert Kehoe

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 ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1625368327512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Hines

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 ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1648726627512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.57

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 134 OF 174

☒ 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. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

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 ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1819487927512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Aimee Hartlage

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1877582327512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Shari Dexter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR1878189827512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.86

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 135 OF 174

☒ 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. Evelyn Knolle

Mailing Address 325 Seventh Street, NW

City
Washington

State Zip Code
DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

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 31 2012

Transaction ID : PR1913190727512

Amount of Each Receipt this Period

83.30

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City
Chicago

State Zip Code
IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : PR1937843127512

Amount of Each Receipt this Period

62.36

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Diane Jones

Mailing Address 325 Seventh Street, NW
Suite 700

City
Washington

State Zip Code
DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

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 31 2012

Transaction ID : PR1943461527512

Amount of Each Receipt this Period

300.00

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

445.66

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

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

FOR LINE NUMBER: PAGE 136 OF 174

(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. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327629127512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327771627512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327777227512

Amount of Each Receipt this Period

58.94

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

231.61

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 174

☒ 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. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR32777827512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR327801727512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR327812027512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

287.86

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 138 OF 174

☒ 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. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327831727512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327846227512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$7.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327851927512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

172.44

TOTAL This Period (last page this line 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 139 OF 174

☒ 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. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR327858027512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR327877827512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR327895727512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

345.57

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

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

FOR LINE NUMBER: PAGE 140 OF 174

(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. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327906127512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR327918927512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR328132827512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

195.57

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 141 OF 174

☒ 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. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR328136927512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR328223827512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR328241427512

Amount of Each Receipt this Period

125.80

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

356.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2012					

Transaction ID : PR328260927512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Carla L. LuggieroMailing 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2012					

Transaction ID : PR328490127512

Amount of Each Receipt this Period

28.51

P/R Deduction (\$9.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2012					

Transaction ID : PR328511827512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

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

258.89

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 174
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.92

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2012					

Transaction ID : PR328512027512

Amount of Each Receipt this Period

141.00

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2012					

Transaction ID : PR328641127512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

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				31				2012					

Transaction ID : PR328913327512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

313.67

TOTAL This Period (last page this line 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 144 OF 174

☒ 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. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA 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 31 2012

Transaction ID : PR329013427512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, 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 31 2012

Transaction ID : PR329071327512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Robyn L. Bash

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2012

Transaction ID : PR329084427512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

230.15

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 145 OF 174

☒ 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. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR329215727512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR329342627512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR329654227512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

195.57

TOTAL This Period (last page this line 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 174

☒ 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. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR330343327512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR330411627512

Amount of Each Receipt this Period

125.80

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR330465227512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

223.47

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

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

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 174

☒ 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. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR330475427512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR330547727512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR330549227512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

287.86

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 174

☒ 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. Anthony Spohn

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR331098327512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR331278827512

Amount of Each Receipt this Period

58.94

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR331304227512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

231.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Ms. Jo Ann WebbMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR331379127512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Judy WeinsheimerMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR331386927512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Dale Woodin

Mailing Address 800 W. Central Road

City	State	Zip Code
Arlington Heights	IL	60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

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	/	31	/	2012

Transaction ID : PR331481327512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

120.57

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 174

☒ 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. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR346168127512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR518031927512

Amount of Each Receipt this Period

115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : PR560101527512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

287.86

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 174

☒ 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. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR566280927512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 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 ▼

750.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR766023727512

Amount of Each Receipt this Period

88.87

P/R Deduction (\$48.09 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 ▼

350.00

Date of Receipt

12 / 31 / 2012

Transaction ID : PR801366327512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

186.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 174

<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

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Kidder HrobskyMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : PR876637227512

Amount of Each Receipt this Period

57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City	State	Zip Code
Spotsylvania	VA	22551-4670

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Communication Strategies

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	/	31	/	2012

Transaction ID : PR928186527512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. David A. Strickland

Mailing Address 182 E. Schubert Avenue

City	State	Zip Code
Glendale Heights	IL	60139-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Product Management

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	/	31	/	2012

Transaction ID : PR939603927512

Amount of Each Receipt this Period

40.19

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

137.86

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

128724.03

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

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

FOR LINE NUMBER: PAGE 153 OF 174
(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. HCA Good Government Fund-Federal PAC

Mailing Address On Park Plaza
PO Box 550

City State Zip Code
Nashville TN 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 11 2012

Transaction ID : 20561193

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

5000.00

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 154 OF 174

<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
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City	State	Zip Code
Austin	TX	78761-5587

FEC ID number of contributing federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91000.00

Date of Receipt

12 / **27** / **2012**

Transaction ID : 20608776

Amount of Each Receipt this Period

19000.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8135.00

Date of Receipt

12 / **27** / **2012**

Transaction ID : 20608778

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City	State	Zip Code
Phoenix	AZ	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 ▼

15000.00

Date of Receipt

12 / **27** / **2012**

Transaction ID : 20608786

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

24100.00

24100.00

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 155 OF 174

☐ 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. TD Bank

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2935.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : 20666986

Amount of Each Receipt this Period

155.13

Interest Earned

Full Name (Last, First, Middle Initial)

B. TD Bank

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3100.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 20666989

Amount of Each Receipt this Period

165.43

Interest Earned

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

320.56

320.56

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

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

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 174

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

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. American Express

Mailing Address Ste. 001

City State Zip Code
Chicago IL 60679

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20666990

Amount of Each Disbursement this Period

81.25

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City State Zip Code
Milwaukee WI 53203

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 20666993

Amount of Each Disbursement this Period

187.20

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City State Zip Code
Dallas TX 75254

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

Transaction ID : 20666994

Amount of Each Disbursement this Period

84.36

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►

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

352.81

352.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 174

<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

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. Reclaim America PAC

Mailing Address 4031 South Le Jeune Road

City	State	Zip Code
Coral Gables	FL	33146

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Reclaim America PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561054

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. JAZZ PACMailing Address 10 G Street, NE
Suite 570

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2012 Contribution

011

Candidate Name

JAZZ PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561055

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Republican Majority Fund

Mailing Address P.O. Box 1550

City	State	Zip Code
Ponca City	OK	74602

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Republican Majority FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561058

Amount of Each Disbursement this Period

2500.00

2012 Contribution

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

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 174

<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

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. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Samuel B. Graves Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561059

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. 21st Century Majority FundMailing Address 6065 Roswell Road
Box 2274

City	State	Zip Code
Atlanta	GA	30328

Purpose of Disbursement
2012 Contribution

011

Candidate Name

21st Century Majority FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561062

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Denali Leadership PAC

Mailing Address 16158 Essex Park Dr.

City	State	Zip Code
Anchorage	AK	99516

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Denali Leadership PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561063

Amount of Each Disbursement this Period

1000.00

2012 Contribution

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

3000.00

--

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

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

FOR LINE NUMBER:
(check only one)

PAGE 159 OF 174

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

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. Alaskans For Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524

Purpose of Disbursement
Contribution

Candidate Name

Mr. Mark Begich

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20561068

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
2012 Contribution

Candidate Name

IMPACT

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20561070

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Cochran

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement
Contribution

Candidate Name

Sen. Thad Cochran

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 05 / 2012

Transaction ID : 20561071

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

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

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 174

<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

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. Friends For Harry Reid

Mailing Address P.O. Box 19163

City Las Vegas	State NV	Zip Code 89132
-------------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Harry Reid

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561072

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Mailing Address PO Box 1151

City Hays	State KS	Zip Code 67601
--------------	-------------	-------------------

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Jerry Moran

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561073

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin	State TX	Zip Code 78711
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John Cornyn

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561075

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 174

<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

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. Bennet For Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Michael F. Bennet

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561077

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Heidi For Senate

Mailing Address PO Box 1577

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement
Contribution

Candidate Name

Ms. Heidi Heitkamp

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: ND District:

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561199

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address Post Office Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement
Contribution

Candidate Name

Amerish Bera

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 07

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561200

Amount of Each Disbursement this Period

5000.00

Contribution

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

11000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 174

<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

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. Montanans For Tester

Mailing Address PO Box 3171

City	State	Zip Code
Billings	MT	59103

Purpose of Disbursement
Contribution

Candidate Name

Sen. Jon Tester

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MT District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561201

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Contribution

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 09

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
2012 Primary Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561202

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Mailing Address 330 Encinitas Boulevard - #101

City	State	Zip Code
Encinitas	CA	92024

Purpose of Disbursement
Contribution

Candidate Name

Scott Peters

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 52

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20561203

Amount of Each Disbursement this Period

5000.00

Contribution

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

12000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 174

<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

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. McKinley For Congress

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement
Void of 9/2012 check

011

Category/
Type

Candidate Name

Rep. David McKinleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

Transaction ID : 20562946

Amount of Each Disbursement this Period

-1000.00

Void of 9/2012 check

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress 2012 Committee

Mailing Address 73373 Country Club Drive #1904

City	State	Zip Code
Palm Desert	CA	92260

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mr. Raul RuizOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 General Debt Re

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

Transaction ID : 20563029

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Mark Robert WarnerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

Transaction ID : 20565332

Amount of Each Disbursement this Period

1000.00

Contribution

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

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 174

<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

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. Collins For Congress

Mailing Address PO Box 386

City	State	Zip Code
Clarence	NY	14031

Purpose of Disbursement
Contribution

Candidate Name

Mr. Christopher CollinsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General☒ Other (specify) ▼

2012 General Debt Re

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Transaction ID : 20565333

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
Contribution

Candidate Name

Sen. Dean HellerOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General☒ Other (specify) ▼

2012 General Debt Re

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Transaction ID : 20565334

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bill Foster For Congress Committee

Mailing Address P.O. Box 9104

City	State	Zip Code
Aurora	IL	60598

Purpose of Disbursement
Contribution

Candidate Name

Bill FosterOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General☒ Other (specify) ▼

2012 General Debt Re

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Transaction ID : 20565335

Amount of Each Disbursement this Period

5000.00

Contribution

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

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 174

<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

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. Swalwell For Congress

Mailing Address P.O. Box 2847

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement
Contribution

Candidate Name

Mr. Eric SwalwellOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General☒ Other (specify) ▼

2012 General Debt Re

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 20565336

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Coons For Delaware

Mailing Address PO Box 9900

City	State	Zip Code
Newark	DE	19714

Purpose of Disbursement
Contribution

Candidate Name

Sen. Christopher A. CoonsOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Transaction ID : 20565337

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hoosiers First PAC

Mailing Address 215 South St. Joseph Street - Suit

City	State	Zip Code
South Bend	IN	46601

Purpose of Disbursement
2012 Contribution

Candidate Name

Hoosiers First PACOffice 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		11		2012

Transaction ID : 20573112

Amount of Each Disbursement this Period

1000.00

2012 Contribution

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

7000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 174

<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

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. Friends of Elizabeth Esty

Mailing Address PO Box 61

City	State	Zip Code
Cheshire	CO	06410

Purpose of Disbursement
Contribution

Candidate Name

Elizabeth EstyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 05

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Transaction ID : 20573113

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Delaney

Mailing Address PO Box 60320

City	State	Zip Code
Potomac	MD	20854

Purpose of Disbursement
Contribution

Candidate Name

Mr. John DelaneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: MD District: 06

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Transaction ID : 20573114

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Daines For Montana

Mailing Address PO Box 1598

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement
Contribution

Candidate Name

Mr. Steven DainesOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: MT District: 00

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2012

Transaction ID : 20630454

Amount of Each Disbursement this Period

2500.00

Contribution

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

6000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 167 OF 174

<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

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. Friends Of John Thune

Mailing Address PO Box 841

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. John R. ThuneCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2012

Transaction ID : 20630455

Amount of Each Disbursement this Period

2500.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Merkley For Oregon

Mailing Address 2236 Se 10th Ave

City	State	Zip Code
Portland	OR	97214

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Jeff MerkleyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2012

Transaction ID : 20630456

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Johannis For Senate Incorporated

Mailing Address 5555 South Street

City	State	Zip Code
Lincoln	NE	68506

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mike JohannisCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2012

Transaction ID : 20630457

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 168 OF 174

<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

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. Friends Of Roy Blunt

Mailing Address PO Box 410444

City	State	Zip Code
Kansas City	MO	64141

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Roy BluntCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2012

Transaction ID : 20630458

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. MURPHPAC

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
2012 Contribution

011

Candidate Name

MURPHPACCategory/
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		14		2012

Transaction ID : 20630459

Amount of Each Disbursement this Period

2500.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Udall For Colorado

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Emery UdallCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2012

Transaction ID : 20630460

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

--

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

American Hospital Association PAC

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '31' with 5 segments lit. The third display shows '2012' with 10 segments lit. The displays are separated by slashes.

011

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

011

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

011

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

-3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 174

<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

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. Morgan Griffith For Congress

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement
Void of 10/12 check

011

Candidate Name

Rep. Morgan H. GriffithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : 20685063

Amount of Each Disbursement this Period

-500.00

Void of 10/12 check

Full Name (Last, First, Middle Initial)

B. Follow the North Star FundMailing Address 316 E Hennepin Ave
Suite 201

City	State	Zip Code
Minneapolis	MN	55414

Purpose of Disbursement
Void of 10/12 check

011

Candidate Name

Follow the North Star FundCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : 20685064

Amount of Each Disbursement this Period

-1500.00

Void of 10/12 check

Full Name (Last, First, Middle Initial)

C. Mario Diaz-Balart For CongressMailing Address 8770 Sw 72nd Street
420

City	State	Zip Code
Miami	FL	33173

Purpose of Disbursement
Void of 10/12 check

011

Candidate Name

Rep. Mario Diaz-BalartCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : 20685065

Amount of Each Disbursement this Period

-3000.00

Void of 10/12 check

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

-5000.00

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

American Hospital Association PAC

Void of 10/12 check

2012 Contribution

Amount of Each Disbursement this Period

Category/
Type

Amount of Each Disbursement this Period

0.00

70000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 172 OF 174

<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

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. Philip Sprinkle IIMailing Address 30 Ivan Allen, Jr. Blvd. NW
Suite 700

City Atlanta State GA Zip Code 30308-3036

Purpose of Disbursement
Refund

Candidate Name

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		05		2012

Transaction ID : 20561194

Amount of Each Disbursement this Period

250.00

Refund

Full Name (Last, First, Middle Initial)

B. Mr. Cavender KimbleMailing Address 1901 Sixth Avenue North
Suite 1500

City Birmingham State AL Zip Code 35203-4642

Purpose of Disbursement
Refund

Candidate Name

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		05		2012

Transaction ID : 20561195

Amount of Each Disbursement this Period

250.00

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

500.00

500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 173 OF 174
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00106146 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 3050 K Street, NW Suite 100		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 18263.00 </div>	
City Washington	State DC	Zip Code 20007	Transaction ID : 20626071
Purpose of Expenditure Reissue Lost Check-Previously Reported	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 286059.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 3050 K Street, NW Suite 100		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 19815.05 </div>	
City Washington	State DC	Zip Code 20007	Transaction ID : 20669426
Purpose of Expenditure Reissue Lost Check-Previously Reported	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 220130.10 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">38078.05</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 174 OF 174
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00106146 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date M M / D D / Y Y Y Y Y Y 12 / 13 / 2012	
Mailing Address 3050 K Street, NW Suite 100		Amount -18263.00	
City Washington	State DC	Zip Code 20007	Transaction ID : 20727765
Purpose of Expenditure Void of Lost Check, See Reissue	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Bruce Braley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 267796.00			

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date M M / D D / Y Y Y Y Y Y 12 / 13 / 2012	
Mailing Address 3050 K Street, NW Suite 100		Amount -19815.05	
City Washington	State DC	Zip Code 20007	Transaction ID : 20727766
Purpose of Expenditure Void of Lost Check, See Reissue	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Lois Capps		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 200315.05			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-38078.05
(b) SUBTOTAL of Unitemized Independent Expenditures▶	0.00
(c) TOTAL Independent Expenditures.....▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013