

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 162
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David R Doerr

Mailing Address 11200 S. State Rd. 63

City State Zip Code
Terre Haute IN 47802

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

Name of Employer Occupation
Union Hospital Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 17270168

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert C Keen, , Ph.D., F

Mailing Address 4539 E. 500 N.

City State Zip Code
Greenfield IN 46140-9572

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

Name of Employer Occupation
Hancock Regional Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 17270169

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas J Leonard

Mailing Address 2574 California Street

City State Zip Code
Columbus IN 47201-3649

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

Name of Employer Occupation
Indiana Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 17270170

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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