

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1339674.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1261865.49									
(c) Total Receipts (from Line 19)	123290.53	366484.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1385156.02	1706158.08								
7. Total Disbursements (from Line 31)	33666.09	354668.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1351489.93	1351489.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	59717.46	125351.46
(i) Itemized (use Schedule A)	17403.46	39534.82
(ii) Unitemized	77120.92	164886.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	77120.92	164886.28
12. Transfers From Affiliated/Other Party Committees	45000.00	199100.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	169.61	1497.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	123290.53	366484.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	123290.53	366484.02

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	516.09	3318.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	516.09	3318.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33150.00	351350.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33666.09	354668.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33666.09	354668.15

DETAILED SUMMARY PAGE
of Disbursements

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)	77120.92	164886.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77120.92	164886.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	516.09	3318.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	516.09	3318.15

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

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

FOR LINE NUMBER: PAGE 6 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 of Advertising, Health Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

Transaction ID: 17036773

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Jean Aycock, CPA

Mailing Address 821 North Cobb Street

City State Zip Code
Milledgeville GA 31061-2351

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

Name of Employer
Oconee Regional Medical Center

Occupation
President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

Transaction ID: 17038635

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Tim Stack, , FACHE

Mailing Address 2001 Peachtree Rd NE, 400

City State Zip Code
Atlanta GA 30309-1476

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

Name of Employer
Piedmont Healthcare

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
0	4	/	0	6	/	2	0	0	9

Transaction ID: 17038637

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Drawer 'V'

City State Zip Code
Griffin GA 30224-1168

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

Name of Employer Spalding Regional Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 17038641

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Ben Underwood

Mailing Address 2104 Murren Drive

City State Zip Code
Smyrna GA 30080-6520

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

Name of Employer Talbot Recovery Campus
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 17038643

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Rutledge, FACHE

Mailing Address 110 Winners Circle
First Floor

City State Zip Code
Brentwood TN 37027-5070

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

Name of Employer HCA
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 17039150

Amount of Each Receipt this Period
1000.00

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 8 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William K Mahoney

Mailing Address 511 Cedar Cove

City Parsons State KS Zip Code 67357-2256

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

Name of Employer Labette Health Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2009

Transaction ID: 17041134

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Nokels

Mailing Address 9690 Meadow Dr

City Omaha State NE Zip Code 68114-1271

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

Name of Employer Alegent-Health Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 08 / 2009

Transaction ID: 17041285

Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. John A. Matessino

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809-8409

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

Name of Employer Louisiana Hospital Association Occupation President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2009

Transaction ID: 17041384

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Teri G Fontenot, , FACHE

Mailing Address P O Box 95009

City State Zip Code
Baton Rouge LA 70895-9009

FEC ID number of contributing federal political committee. C

Name of Employer Woman's 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
0 4 / 0 8 / 2 0 0 9

Transaction ID: 17041385

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. William R Holman, , FACHE

Mailing Address P O Box 2511

City State Zip Code
Baton Rouge LA 70821-2511

FEC ID number of contributing federal political committee. C

Name of Employer Baton Rouge General 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
0 4 / 0 8 / 2 0 0 9

Transaction ID: 17041386

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert L Hawley, , Jr., FAC

Mailing Address 1001 Gause Boulevard

City State Zip Code
Slidell LA 70458-2987

FEC ID number of contributing federal political committee. C

Name of Employer Slidell Memorial 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
0 4 / 0 8 / 2 0 0 9

Transaction ID: 17041387

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mrs. Cindy J Rogers, , FACHE

Mailing Address P O Box 1901

City State Zip Code
Monroe LA 71210-1901

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

Name of Employer St. Patrick's Psychiatric Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041388

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr Warner L Thomas

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

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

Name of Employer Ochsner Medical Center
Occupation President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041389

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. John J Finan, , Jr.

Mailing Address 4200 Essen Lane

City State Zip Code
Baton Rouge LA 70809-2196

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

Name of Employer Franciscan Missionaries of Our Lady He
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041390

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 11 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Sean M. Prados, MPA

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

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

Name of Employer Louisiana Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041391

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul A. Salles

Mailing Address 644 Apache Drive

City State Zip Code
Abita Springs LA 70420-3331

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

Name of Employer Metropolitan Hospital Council of New O
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041392

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Mr. Milton D Bourgeois, Jr.

Mailing Address 4608 Highway 1

City State Zip Code
Raceland LA 70394-2623

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

Name of Employer Ochsner St. Anne General Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041393

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Bernard Leger

Mailing Address 524 South Ryan Street

City State Zip Code
Lake Charles LA 70601-5725

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

Name of Employer Occupation
CHRISTUS St. Patrick Hospital of Lake Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041394

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gary Keller

Mailing Address 1101 Kaliste Saloom Road

City State Zip Code
Lafayette LA 70508-5705

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

Name of Employer Occupation
Lafayette Surgical Specialty Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: 17041395

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City State Zip Code
Saint Petersburg FL 33703-3138

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

Name of Employer Occupation
BayCare Health System Vice President, Managed Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: 17052367

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 13 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Philip E. Boyce

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Mailing Address 3563 Phillips Highway
Suite 101

Transaction ID: 17052368

City Jacksonville State FL Zip Code 32207-5663

Amount of Each Receipt this Period
250.00

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

Name of Employer Baptist Health Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

B.

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

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Mailing Address 5608 Bear Lake Circle

Transaction ID: 17052369

City Apopka State FL Zip Code 32703-1916

Amount of Each Receipt this Period
250.00

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

Name of Employer Florida Hospital Occupation Vice President and Chief Operating Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Dana Ferrell

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Mailing Address 3303 Park Street

Transaction ID: 17052375

City Jacksonville State FL Zip Code 32205-7830

Amount of Each Receipt this Period
500.00

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

Name of Employer Nemours Children's Clinic Occupation Director of Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kathy A. Reep	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 19 W. New Hampshire	Transaction ID: 17052376
	City State Zip Code Orlando FL 32804-5911	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Florida Hospital Association - Orlando Occupation Vice President, Financial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. John E. Mines	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 1991 Killarney Drive	Transaction ID: 17052380
	City State Zip Code Winter Park FL 32789-3527	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Florida Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 306 East College Avenue	Transaction ID: 17052381
	City State Zip Code Tallahassee FL 32301-1522	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Florida Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 69
(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. Jerry Palmer

Mailing Address 307 Park Lake Circle

City State Zip Code
Orlando FL 32803-3923

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

Name of Employer Florida 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
0 4 / 0 9 / 2 0 0 9

Transaction ID: 17052382

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Walter Ettinger, M.D.

Mailing Address 55 Lake Ave

City State Zip Code
Worcester MA 01655-0002

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

Name of Employer UMass Memorial 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052450

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Linda B. Bolton

Mailing Address 8700 Beverly Blvd.

City State Zip Code
West Hollywood CA 90048-1865

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

Name of Employer Cedars-Sinai Medical Center
Occupation Vice President Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052453

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sandra G. Reeves

Mailing Address 611 Ryan Plaza Dr Ste 630
Suite 630

City State Zip Code
Arlington TX 76011

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

Name of Employer Texas Health Resources - Finance Office
Occupation VP of Treasury Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: 17052455

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Sarah B. Buck

Mailing Address 2052 Pinehurst Drive

City State Zip Code
Ames IA 50010-4561

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

Name of Employer Mary Greeley Medical Center
Occupation Trustee & Board Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: 17052458

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda S. Quick

Mailing Address 1530 Gabriel Street

City State Zip Code
Hollywood FL 33020-3228

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

Name of Employer South Florida Hospital Association, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: 17052460

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Yoder-Wise
Mailing Address 7309 93rd Street
City Lubbock State TX Zip Code 79424-4939
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Tech University Health Occupation Professor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 10 / 2009
Transaction ID: 17052461
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Maureen Swick
Mailing Address 32 Blair Court
City Ocean State NJ Zip Code 07712-3222
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Peter's University Hospital Occupation Vice President, Chief Nursing Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 04 / 10 / 2009
Transaction ID: 17052462
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Kim C. Byas, Sr., MPH,
Mailing Address One North Franklin
City Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Regional Executive
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 10 / 2009
Transaction ID: 17052465
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Alan Sauber

Mailing Address 7733 Forsyth Blvd
Suite 2300

City State Zip Code
Saint Louis MO 63105-1817

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

Name of Employer Occupation
RehabCare Group, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052468

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Debbie J. Bowen, FACHE, CAE

Mailing Address 622 Sheridan Square
Unit 3

City State Zip Code
Evanston IL 60202-4751

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

Name of Employer Occupation
American College of Health-care Executi Executive Vice President & COP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052475

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City State Zip Code
Pittsfield IL 62363-1350

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

Name of Employer Occupation
Illini Community Hospital 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052479

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas O. Barnes

Mailing Address 1900 Perkins St.

City Bristol State CT Zip Code 06010-8924

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

Name of Employer Bristol Hospital Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 17052485

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Daniel F Evans, Jr.

Mailing Address P O Box 1367

City Indianapolis State IN Zip Code 46206-1367

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

Name of Employer Clarian Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 17052491

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary-Anne Ponti

Mailing Address 3070 Morford Road

City Petoskey State MI Zip Code 49770-9234

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

Name of Employer Northern Michigan Regional Hospital Occupation Chief Nurse Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 17052495

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Diane McDaniel

Mailing Address 1853 Exeter Dr

City State Zip Code
Sierra Vista AZ 85635-4864

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

Name of Employer Occupation
Sierra Vista Regional Health Center Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 17052507

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. William Gracey

Mailing Address 103 Powell Court, Suite 200

City State Zip Code
Brentwood TN 37027-5079

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: 17052509

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Karen Utley

Mailing Address 708 West Forest Avenue

City State Zip Code
Jackson TN 38301-3901

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

Name of Employer Occupation
West Tennessee Healthcare Vice President, System Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: 17052510

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Scott C Malaney

Mailing Address 1900 South Main Street

City Findlay State OH Zip Code 45840-1214

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

Name of Employer Blanchard Valley Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052512

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mina H Ubbing

Mailing Address 750 Fairview Drive

City Lancaster State OH Zip Code 43130-3313

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

Name of Employer Fairfield Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052513

Amount of Each Receipt this Period
292.50

C.

Full Name (Last, First, Middle Initial)
Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City Columbus State OH Zip Code 43214-2545

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

Name of Employer Ohio Hospital Association Occupation Vice President, State Policy & Advocac

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052515

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1042.50

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 22 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 950 West Wooster Street

City State Zip Code
Bowling Green OH 43402-2603

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

Name of Employer Occupation
Wood County Hospital 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052516

Amount of Each Receipt this Period
500.00

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

Mailing Address 18101 Lorain Avenue

City State Zip Code
Cleveland OH 44111-5612

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

Name of Employer Occupation
Fairview Hospital 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052517

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

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

Name of Employer Occupation
Ohio Hospital Association 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052563

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Richard P. de Filippi, Ph.D.

Mailing Address 189 Upland Road

City State Zip Code
Cambridge MA 02140-3604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cambridge Health Alliance Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052572

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bruce D Cummings

Mailing Address 901 Pequot Avenue

City State Zip Code
New London CT 6320

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lawrence & Memorial Hospital 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052938

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edward Andersen

Mailing Address 100 East LeFevre Road

City State Zip Code
Sterling IL 61081-1279

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CGH Medical Center 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
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053606

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Matthew J. Angela

Mailing Address 1151 East Warrenville Rd.

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2009

Transaction ID: 17053608

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr Daniel E Baker

Mailing Address 800 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61603-3200

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

Name of Employer Occupation
OSF Healthcare System Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2009

Transaction ID: 17053609

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City State Zip Code
Quincy IL 62301-6380

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

Name of Employer Occupation
Blessing Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2009

Transaction ID: 17053610

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Mr Edgar J Curtis, , R.N.		Date of Receipt MM / DD / YYYY 04 / 13 / 2009
Mailing Address 701 North First Street		Transaction ID: 17053611
City Springfield	State IL	Zip Code 62781-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Health System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Mr. David S. Fox		Date of Receipt MM / DD / YYYY 04 / 13 / 2009
Mailing Address 3815 Highland Avenue		Transaction ID: 17053613
City Downers Grove	State IL	Zip Code 60515-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Advocate Good Samaritan Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH		Date of Receipt MM / DD / YYYY 04 / 13 / 2009
Mailing Address 2701 West 68th Street		Transaction ID: 17053617
City Chicago	State IL	Zip Code 60629-1813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Holy Cross Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 26 / 69

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Keith E Steffen

Mailing Address 530 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61637-0001

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

Name of Employer Occupation
OSF Saint Francis Medical Administrator and Chief Executive Offi
Center

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053622

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary Krinkie

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Associ- Vice President, Government Relations
ation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053629

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Alan Schilmoeller

Mailing Address 200 First Street, SW

City State Zip Code
Rochester MN 55905-0001

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

Name of Employer Occupation
Mayo Clinic Vice Chair, Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17053637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph Messmer

Mailing Address 1512 12th Avenue Road

City State Zip Code
Nampa ID 83686-6008

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

Name of Employer Occupation
Mercy Medical Center 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
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17054225

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Margaret Soulen Hinson

Mailing Address 645 East Fifth Street

City State Zip Code
Weiser ID 83672-2202

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

Name of Employer Occupation
Weiser Memorial Hospital Chair, Board of Trustees

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17054227

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Victoria A Alexander

Mailing Address P O Box 700

City State Zip Code
Salmon ID 83467-0700

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

Name of Employer Occupation
Steele Memorial Medical Center 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
0 4 / 1 3 / 2 0 0 9

Transaction ID: 17054230

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Rod Barton	Date of Receipt MM / DD / YYYY 04 / 13 / 2009
	Mailing Address 777 Avenue 'H'	Transaction ID: 17054234
	City State Zip Code Powell WY 82435-2260	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Powell Valley Healthcare Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. M Joy Drass, , M.D.	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 3800 Reservoir Road NW	Transaction ID: 17064872
	City State Zip Code Washington DC 20007-2113	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedStar-Georgetown Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Sally Nelson	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address PO Box 4001	Transaction ID: 17064874
	City State Zip Code Huntsville TX 77342-4001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Huntsville Memorial Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kimber Wraalstad

Mailing Address P O Box 759

City Rolla State ND Zip Code 58367-0759

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

Name of Employer Presentation Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 17 / 2009

Transaction ID: 17064879

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. David L. Woodrum

Mailing Address 175 North Harbor Drive

City Chicago State IL Zip Code 60601-7344

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

Name of Employer Woodrum, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2009

Transaction ID: 17064881

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. James R Prister

Mailing Address 5601 South County Line Road

City Hinsdale State IL Zip Code 60521-4875

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

Name of Employer R M L Specialty Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2009

Transaction ID: 17064885

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 9050 Airline Highway, Suite 500

City State Zip Code
Baton Rouge LA 70815-4103

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

Name of Employer Occupation
Woman's Hospital Chair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: 17064892

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

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

Name of Employer Occupation
Missouri Hospital Association President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: 17064976

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
Silver Spring MD 20906

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

Name of Employer Occupation
American Hospital Association-Washingt Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 17064990

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional) ► 1164.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: 17065004
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President Executive Branch Relati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00	

B.	Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 2239 Charter Point Drive	Transaction ID: 17068537
	City Arlington Heights State IL Zip Code 60004-7226	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Alliance of Greater Cincinnati Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, FACHE	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 987400 Nebraska Medical Center	Transaction ID: 17068928
	City Omaha State NE Zip Code 68198-7400	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Nebraska Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1539.00
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 32 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael V Sack

Mailing Address 585 Lebanon ST

City State Zip Code
Melrose MA 02176-3225

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

Name of Employer Occupation
Hallmark Health System 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
0 4 / 2 1 / 2 0 0 9

Transaction ID: 17069087

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary Klimp

Mailing Address 301 Second Street NE

City State Zip Code
New Prague MN 56071-1709

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

Name of Employer Occupation
Queen of Peace Hospital 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
0 4 / 2 1 / 2 0 0 9

Transaction ID: 17083402

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Nancy H Agee

Mailing Address 802 Cherrywood Road

City State Zip Code
Salem VA 24153-2755

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

Name of Employer Occupation
Carilion Clinic 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
0 4 / 2 1 / 2 0 0 9

Transaction ID: 17083444

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Barbara Brown, Ph.D.

Mailing Address 11 Countryside Lane

City Richmond State VA Zip Code 23229-7928

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

Name of Employer Virginia Hospital & Healthcare Associa
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: 17083445
Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Lori Brown

Mailing Address 40439 Braddock Rd

City Aldie State VA Zip Code 20105-2219

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

Name of Employer Inova Health System
Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: 17083448
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Wayne A. Diewald

Mailing Address 12187 Chacery Station Cir

City Reston State VA Zip Code 20190-5802

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

Name of Employer Inova Health System
Occupation Vice President AMBCare & Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: 17083450
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Theresa Edward

Mailing Address 1519 Peyton Lane

City State Zip Code
Chesapeake VA 23320-7671

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

Name of Employer Occupation
Sentara Leigh Hospital V/P Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: 17083451

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr Howard P Kern

Mailing Address 6015 Poplar Hall Drive

City State Zip Code
Norfolk VA 23502-3819

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

Name of Employer Occupation
Sentara Healthcare President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: 17083485

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth Long

Mailing Address 7723 Stuart Hall Road

City State Zip Code
Richmond VA 23229-6615

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

Name of Employer Occupation
Virginia Hospital & Healthcare Associa Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: 17083488

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sandra J. Miller

Mailing Address 379 Dorwin Drive

City Norfolk State VA Zip Code 23502-5707

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

Name of Employer Sentara Healthcare Occupation Director, Gov't Relations and Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009

Transaction ID: 17083496

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Maureen Nugent

Mailing Address 1586 Regatta Lane

City Reston State VA Zip Code 20194-1218

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

Name of Employer Inova Health System Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009

Transaction ID: 17083497

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Fred M Rankin, III

Mailing Address 1001 Sam Perry Boulevard

City Fredericksburg State VA Zip Code 22401-4453

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

Name of Employer Mary Washington Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009

Transaction ID: 17083499

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Laurens Sartoris

Mailing Address 7 East Glenbrooke Circle

City Richmond State VA Zip Code 23229-8001

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

Name of Employer Virginia Hospital & Healthcare Associa
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009
Transaction ID: 17083502
Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael J Schwartz

Mailing Address 7505 Nyack ct.

City Manassas State VA Zip Code 20112-7815

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

Name of Employer Prince William Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009
Transaction ID: 17083503
Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. William W. Semones

Mailing Address 2109 Link Road

City Lynchburg State VA Zip Code 24503-3031

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

Name of Employer Centra Health
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 21 / 2009
Transaction ID: 17083504
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Katharine M. Webb	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 14 Bridgeway Road	Transaction ID: 17083510
	City Richmond State VA Zip Code 23226-3302	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Virginia Hospital & Healthcare Associa Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Sean S McMurray, , FACHE	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 351 Court Street NE	Transaction ID: 17083511
	City Abingdon State VA Zip Code 24210-2955	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Johnston Memorial Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary L. Blunt	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 801 Hidden Harbor Ct.	Transaction ID: 17083512
	City Chesapeake State VA Zip Code 23322-7076	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sentara Healthcare Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

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

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

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

FOR LINE NUMBER: PAGE 38 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Stoltzfus

Mailing Address 235 Cantrell Avenue

City State Zip Code
Harrisonburg VA 22801-3248

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

Name of Employer: Rockingham Memorial Hospital Occupation: Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: 17083514
Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Ms. Robin Depaoli

Mailing Address 8317 Stonewall Drive

City State Zip Code
Vienna VA 22180-6949

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

Name of Employer: Virginia Hospital Center - Arlington Occupation: Senior Vice President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: 17083515
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert L Graves

Mailing Address 100 Sentara Circle

City State Zip Code
Williamsburg VA 23188-5713

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

Name of Employer: Sentara Williamsburg Regional Medical Occupation: Vice President and Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: 17083516
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael K Kerner

Mailing Address 9025 Norwick Rd

City Richmond State VA Zip Code 23229-7760

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

Name of Employer: Bon Secours St. Mary's Hospital
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: 17083518
 Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Patrick B Nolan

Mailing Address 1000 N. Shenandoah Avenue

City Front Royal State VA Zip Code 22601

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

Name of Employer: Warren Memorial Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: 17083520
 Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. William Mason Moss

Mailing Address 2300 Opitz Boulevard

City Woodbridge State VA Zip Code 22191-3311

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

Name of Employer: Potomac Hospital
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: 17083521
 Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Mark S. Stauder	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 10005 Fox Spring Ct	Transaction ID: 17083522
	City State Zip Code Oakton VA 22124-2658	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

B.	Full Name (Last, First, Middle Initial) Mr. John T Gribbin	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 5 Ephraim Road	Transaction ID: 17083555
	City State Zip Code Clarksburg NJ 08510-1620	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CentraState Healthcare System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: 17083584
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Frankie T. Manning	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 14811 SE 49th St.	Transaction ID: 17134416
	City State Zip Code Bellevue WA 98006-3109	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Puget Sound Behavioral Health Associate Director, Nursing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Ms. Joan Clark	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 612 E Lamar Blvd Ste 900	Transaction ID: 17134425
	City State Zip Code Arlington TX 76011-4130	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Texas Health Resources System Chief Nurse Exec, Sr. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary Neff	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 6483 W. 14 Road	Transaction ID: 17134487
	City State Zip Code Mesick MI 49668-9583	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Hospital Cadillac Patient Care Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 69
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Claire Murray

Mailing Address 1501 Twelfth Ave.

City State Zip Code
Watervliet NY 12189-2402

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

Name of Employer Occupation
New York Organization Nurse Executives Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 17134610

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Dr. Carol A. Watson, Ph.D., RN

Mailing Address 390 NB
50 Newton Road

City State Zip Code
Iowa City IA 52242-9296

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

Name of Employer Occupation
University of Iowa College of Nursing Professor-Clinical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: 17134823

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Anderson

Mailing Address 1601 Tiffany Court

City State Zip Code
Statesboro GA 30458

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

Name of Employer Occupation
East Georgia Regional Medical Center Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 17135347

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Gail Lovinger

Mailing Address 2225 Simpson

City State Zip Code
Evanston IL 60201-3006

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President Association Governance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 17136407

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Victor N Lee

Mailing Address P O Box 151

City State Zip Code
Albion NE 68620-0151

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

Name of Employer Boone County Health Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 17136409

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jonathan Applebaum

Mailing Address 393 Stonebrook Drive

City State Zip Code
Galax VA 24333-6236

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

Name of Employer Twin County Regional Hospital
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 17136412

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Linda Knodel, MHA, FACHE

Mailing Address 1916 North Grandview Lane

City State Zip Code
Bismarck ND 58503-0843

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

Name of Employer St. Alexius Medical Center Occupation Assistant Admin./Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17141029

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. T. Jane Kamstra

Mailing Address 103 Tuscany Way

City State Zip Code
Shavano Park TX 78249-2061

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

Name of Employer CHRISTUS Health Occupation Regional Director, Perioperative 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
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17141037

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Beth Ann Taylor

Mailing Address 16 Dodge Place

City State Zip Code
Grosse Pointe MI 48230-1939

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

Name of Employer John D. Dingell Veterans Affairs Medic Occupation Associate Director, Patient Care Servi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17142387

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Patricia Taylor Campbell, RN, MSN

Mailing Address 172 Morgan Bluff Rd.
Post Office Box 33549

City Mooresville State NC Zip Code 28117-8478

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

Name of Employer Presbyterian Hospital Occupation Director, Women and Children's Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17142397

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street
220

City Burlington State MA Zip Code 01803-3766

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

Name of Employer Massachusetts Organization of Nurse Ex Occupation Executive 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
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17142401

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Donna M. Herrin, MSN, RN, C

Mailing Address 105 Overleaf Pointe

City Huntsville State AL Zip Code

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

Name of Employer Methodist Le Bonheur Healthcare Occupation Sr. 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
0 4 / 2 4 / 2 0 0 9

Transaction ID: 17142403

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Steve Dobbs

Mailing Address 1120 South Utica

City State Zip Code
Tulsa OK 74104-4090

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

Name of Employer Hillcrest 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
0 4 / 2 7 / 2 0 0 9

Transaction ID: 17142860

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stanley F Hupfeld

Mailing Address 3366 NW Expressway, Ste 800

City State Zip Code
Oklahoma City OK 73112-4458

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

Name of Employer INTEGRIS Health 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
0 4 / 2 7 / 2 0 0 9

Transaction ID: 17142870

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Raymond L Replogle

Mailing Address 1924 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6503

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

Name of Employer Continuous Care Center of Tulsa 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
0 4 / 2 7 / 2 0 0 9

Transaction ID: 17142873

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1102 West MacArthur Street

City State Zip Code
Shawnee OK 74804-1744

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

Name of Employer: Unity Health Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 04 / 27 / 2009
Transaction ID: 17142876
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Maha Sultan, M.D.

Mailing Address 319 East Josephine

City State Zip Code
Frederick OK 73542-2220

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

Name of Employer: Memorial Hospital and Physician Group
Occupation: Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 27 / 2009
Transaction ID: 17142877
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
Silver Spring MD 20906

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

Name of Employer: American Hospital Association-Washingt
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: 17201128
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ► **789.00**

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 48 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code
Chicago IL 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 ▼
220.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 17201130

Amount of Each Receipt this Period
44.00

B. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

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 Executive Branch Relati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: 17201142

Amount of Each Receipt this Period
39.00

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

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 Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: PR104572622391

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **161.00**

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 49 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address One North Franklin Street Suite 32139	Transaction ID: PR1302378922391
	City Chicago State IL Zip Code 60606	Amount of Each Receipt this Period 86.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 217.40	P/R Deduction (\$43.48 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. James Wadzinski	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address One North Franklin	Transaction ID: PR1347703422391
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Account Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 810.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address One North Franklin	Transaction ID: PR1347708422391
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHHRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 312.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	204.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John Slotman	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1384065322391
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327629122391
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Mailing Address 11004 Petersborough Drive	Transaction ID: PR327745922391
	City State Zip Code Rockville MD 20852-3249	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	234.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009
Transaction ID: PR327812022391
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009
Transaction ID: PR327858022391
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009
Transaction ID: PR327877822391
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 234.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 69
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009

Transaction ID: PR328132822391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Barbara Lorschach

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 ▼ 312.00

Date of Receipt 04 / 30 / 2009

Transaction ID: PR328136922391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2009

Transaction ID: PR328223822391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 234.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 3475 North Venice Street	Transaction ID: PR328260922391
	City State Zip Code Arlington VA 22207-4446	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1221 Cavalier Road	Transaction ID: PR328310422391
	City State Zip Code Arnold MD 21012-2126	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President Strategic Commun	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

C.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328341822391
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

SUBTOTAL of Receipts This Page (optional)	234.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR328511822391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD

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 ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR329071322391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer American Hospital Association-Chicago
Occupation AHA Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR329215722391

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 4960 138th Cricle West	Transaction ID: PR330475422391
	City State Zip Code Apple Valley MN 55124-9229	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address PO Box 15587	Transaction ID: PR331416022391
	City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period 116.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 464.00	P/R Deduction (\$58.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Donald May	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 521 Great Falls St.	Transaction ID: PR331533222391
	City State Zip Code Falls Church VA 22046-2613	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	272.00
TOTAL This Period (last page this line number only)	59717.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 56 / 69	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Norm Dicks For Congress		Date of Receipt
Mailing Address PO Box 1663		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
City Tacoma	State WA	Zip Code 98401
FEC ID number of contributing federal political committee. C C00037606		Transaction ID: 17041090
Name of Employer		Occupation
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		Refund

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 69
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 17052436

Amount of Each Receipt this Period
25000.00

B. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: 17136408

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 17195366

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ▶ **45000.00**

TOTAL This Period (last page this line number only) ▶ **45000.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 / 69	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1497.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

Transaction ID: 17200034

Amount of Each Receipt this Period

169.61

Interest

SUBTOTAL of Receipts This Page (optional)	▶	169.61
TOTAL This Period (last page this line number only)	▶	169.61

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 59 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17060131</p> <p>Date of Disbursement MM / DD / YYYY 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John Campbell For Congress</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17060133</p> <p>Date of Disbursement MM / DD / YYYY 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ed Royce For Congress</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17060134</p> <p>Date of Disbursement MM / DD / YYYY 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1900.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Bob Casey for Senate Committee Mailing Address 607 14th Street NW #800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Bob Casey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Transaction ID: 17060135 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Shelby For U S Senate Mailing Address Post Office Box 1091 City Tuscaloosa State AL Zip Code 35403 Purpose of Disbursement Contribution Candidate Name Sen. Richard C. Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: 17060137 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Citizens For Bunning Mailing Address 1717 Dixie Highway Suite 180 City Ft Wright State KY Zip Code 41011 Purpose of Disbursement Contribution Candidate Name Sen. James Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 17060144 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Stephen F. Lynch For Congress Committee

Mailing Address 105 Farragut Road

City State Zip Code
South Boston MA 02127

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephen F. Lynch

011
Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 17060148
Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Norm Dicks For Congress

Mailing Address PO Box 1663

City State Zip Code
Tacoma WA 98401

Purpose of Disbursement
Contribution

Candidate Name
Rep. Norman D. Dicks

011
Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 17060151
Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Fund for America's Future

Mailing Address PO Box 1371

City State Zip Code
Columbia SC 29202

Purpose of Disbursement
2009 Contribution

Candidate Name
Fund for America's Future

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 17199777
Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Longleaf Pine PAC	Transaction ID: 17199779 Date of Disbursement 04 / 23 / 2009
	Mailing Address 703 Green Valley Road Suite 201	Amount of Each Disbursement this Period 1000.00
	City Greensboro State NC Zip Code 27408	
	Purpose of Disbursement 2009 Contribution Candidate Name Longleaf Pine PAC Category/Type 011	
	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:	2009 Contribution

B.	Full Name (Last, First, Middle Initial) PEN PAC (Principles Exalt a Nation)	Transaction ID: 17199781 Date of Disbursement 04 / 23 / 2009
	Mailing Address PO Box 1131	Amount of Each Disbursement this Period 1000.00
	City Anderson State IN Zip Code 46015	
	Purpose of Disbursement 2009 Contribution Candidate Name PEN PAC (Principles Exalt a Nation) Category/Type 011	
	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:	2009 Contribution

C.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 17199783 Date of Disbursement 04 / 23 / 2009
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 2500.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement Contribution Candidate Name Sen. Patty Murray Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District:	Contribution

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17199785</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address P.O. Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Sen. Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17199792</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2012 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Jordan For Congress</p> <p>Mailing Address 1709 State Route 560 South</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jim Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17199794</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Stupak For Congress	Transaction ID: 17199796 Date of Disbursement 04 / 23 / 2009
	Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143	Amount of Each Disbursement this Period 1000.00
	City Menominee State MI Zip Code 49858	
	Purpose of Disbursement Contribution Candidate Name Rep. Bart Stupak	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Berman For Congress	Transaction ID: 17199797 Date of Disbursement 04 / 23 / 2009
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement Contribution Candidate Name Rep. Howard L. Berman	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee	Transaction ID: 17199798 Date of Disbursement 04 / 23 / 2009
	Mailing Address Post Office Box 2145	Amount of Each Disbursement this Period 1000.00
	City West Columbia State SC Zip Code 29171	
	Purpose of Disbursement Contribution Candidate Name Rep. Joe Wilson	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Bright For Congress.Com</p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bobby Neal Bright, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17199809</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17199810</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) McCollum For Congress</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17199811</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contribution

Candidate Name
Rep. Fortney Peter Stark

Office Sought: House
 Senate
 President

State: CA District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 17200051
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Lautenberg For Senate

Mailing Address Riverfront Plaza Station
PO Box 200596

City State Zip Code
Newark NJ 07102

Purpose of Disbursement
2014 Contribution

Candidate Name
Sen. Frank R. Lautenberg

Office Sought: House
 Senate
 President

State: NJ District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 17200052
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2014 Contribution

C. Full Name (Last, First, Middle Initial)
Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City State Zip Code
Morristown NJ 07960

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rodney P. Frelinghuysen

Office Sought: House
 Senate
 President

State: NJ District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 17200054
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Friends Of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite I City West Chester State OH Zip Code 45069 Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17200055 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Jim Marshall Mailing Address 586 Orange Street City Macon State GA Zip Code 31201 Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17200056 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	33150.00

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 17199976 Date of Disbursement MM / DD / YYYY 04 / 01 / 2009	
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period 4.95
Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 17199990 Date of Disbursement MM / DD / YYYY 04 / 06 / 2009	
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period 39.01
Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street	Transaction ID: 17200026 Date of Disbursement MM / DD / YYYY 04 / 03 / 2009	
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period 80.00
Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	Merchant Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	123.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Merchant Bankcard <hr/> Mailing Address 1601 Elm Street <hr/> City Dallas State TX Zip Code 75201 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17200027 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 294.64 <hr/> Merchant Fees
B. Full Name (Last, First, Middle Initial) Citibank, F.S.B. <hr/> Mailing Address 1400 G Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17200030 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 97.49 <hr/> Bank Fee

SUBTOTAL of Disbursements This Page (optional) ►

392.13

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

516.09