07/14/2011 13:27

Image# 11931823861

# FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other Than An	Authorized Comm	ittee		Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LA		ping, type		
American Hospital Associat	tion PAC				
ADDRESS (number and street)	325 Seventh Street, N	\W 			
Check if different					
than previously reported. (ACC)	Washington		<b> </b>	DC	20004
2. FEC IDENTIFICATION NU	MBER ¥	CITY 🛕	S	TATE	ZIPCODE 🛕
C00106146		3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	H	20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 2	(Non-Election Year Only)
April 15		Apr 20 (M4) X	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report(	(c) 12-Day	Primary (	12P)	General (1	2G) Runoff (12R)
Quarterly Report( October 15 Quarterly Report(	Report for t		on (12C)	Special (1	2G)
January 31 Quarterly Report(		Election on			in the State of
July 31 Mid-Year Report(Non-elect Year Only) (MY)	ion (d) 30-Day  Post -Elec		30G)	Runoff (30	Special (30S)
Termination Repo	ort '	Election on			in the State of
5. Covering Period	06 01 201	1 throug	nh 06	30	2011
I certify that I have examined this	Report and to the best of	my knowledge and belief	it is true, correct a	nd complete.	
Type or Print Name of Treasurer	r Ms. Melinda Hatton				
Signature of Treasurer Electr	ronically Filed by Ms. Me	linda Hatton	Da	te 0 7	14 2011
NOTE : Submission of false, err	oneous, or incomplete info	rmation may subject the p	erson signing this	Report to the	penalties of 2 U.S.C 437g.
Office Use					FEC FORM 3X

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D <sup>®</sup>D 06 0 1 2011 0.6 3 0 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 1836473.19 January 1 (b) Cash on Hand at 2339470.10 Begining of Reporting Period ..... 132614.30 968765.35 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2472084.40 2805238.54 6(a) and 6(c) for Column B) ..... 127753.58 460907.72 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2344330.82 2344330.82 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

\_\_\_\_\_

Report Covering the Period:

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From:

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2 0 1 1

то.

м м 0 6 D D D

Y Y Y Y 2 0 1 1

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  (a) Individuals/Persons Other		
`	Than Political Committees  (i) Itemized (use Schedule A)	81336.83	381233.47
	(ii) Unitemized	37841.07	106049.22
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	119177.90	487282.69
(	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	5000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	119177.90	492282.69
	Transfers From Affiliated/Other	13175.00	468675.00
3. /	All Loans Received	0.00	0.00
4. I 5. (	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	1334.52
t	Political Committees	0.00	5500.00
	Other Federal Receipts (Dividends, Interest, etc.)	261.40	973.14
	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	132614.30	968765.35
	otal Federal Receipts subtract Line 18(c) from Line 19)	132614.30	968765.35

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### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		The low to but
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	253.58	3157.72
(c) Total Operating Expenditures	253.58	3157.72
(add 21(a)(i), (a)(ii) and (b))	230.00	3137.72
Committees3. Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	127500.00	457750.00
4. Independent Expenditure  (use Schedule E)	0.00	0.00
5. 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
7. Loans Made	0.00	0.00
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
9. Other Disbursements	0.00	0.00
60. 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,	127753.58	460907.72
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12//00.00	400307.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	127753.58	460907.72

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
al Contributions (other than loans) n Line 11(d), page 3)	119177.90	492282.69
 al Contribution Refunds m Line 28(d))	0.00	0.00
Contributions (other than loans) btract Line 34 from Line 33)	119177.90	492282.69
al Federal Operating Expenditures d Line 21(a)(i) and Line 21(b))	253.58	3157.72
sets to Operating Expenditures m Line 15, page 3)	0.00	1334.52
Operating Expenditures otract Line 37 from Line 36)	253.58	1823.20

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 117 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PA	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker Mailing Address 7800 South Eagle	Road	Date of Receipt  0 6 0 3 2 0 1 1
City	State Zip Code	Transaction ID: 19176828
Columbia	MO 65203-9017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa- tion Receipt For:  Primary General  Other (specify) ▼	Occupation Senior VP, Commc. & Health Improver Aggregate Year-to-Date  218.75	nent
Full Name (Last, First, Middle Initial)  Mr. Herb B. Kuhn		Date of Receipt
Mailing Address 5310 Saddlebrooke		06 03 7 2011
City	State Zip Code	Transaction ID: 19176869
Lohman  FEC ID number of contributing federal political committee.	MO 65053-9353	Amount of Each Receipt this Period 125.00
Name of Employer Missouri Hospital Associa- tion	Occupation President and CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon	l	Date of Receipt
Mailing Address 1811 Forest Park C	Court	06 03 2011
City <u>Jefferson City</u>	State         Zip Code           MO         65109-9782	Transaction ID: 19176872  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Governmental Rela	1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	
SUBTOTAL of Receipts This Page (optional	al)	231.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Kathleen C. Poff  Mailing Address 5119 Coventry Waye  City  Jefferson City  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Association  Receipt For:  Primary General  Other (specify)	State Zip Code MO 65101-8284  C  Occupation Senior Vice President & CFO Aggregate Year-to-Date  218.75	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 / O 3 / 2 0 1 1  Transaction ID: 19176894  Amount of Each Receipt this Period  43.75
Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill Mailing Address 2906 Valley View Terra City Jefferson City FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-	State Zip Code MO 65109-1069  C  Occupation Senior Vice President & General Cou	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 0 3 2 0 1 1  Transaction ID: 19176902  Amount of Each Receipt this Period  43.75
tion Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Leonard Hernandez	Aggregate Year-to-Date ▼  218.75	Date of Receipt
Mailing Address 445 Hilltop Street  City Elkhart  FEC ID number of contributing federal political committee.	State Zip Code KS 67950-0937	M M M O B O D O O O O O O O O O O O O O O O O
Name of Employer Morton County Health System Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional)		337.50

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen  Mailing Address 125 Airport Road  City Concord  FEC ID number of contributing federal political committee.  Name of Employer New Hampshire Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NH 03301-7300  C  Occupation President and CEO  Aggregate Year-to-Date   541.96	Date of Receipt  M M M / D D M 2 0 1 1  Transaction ID: 19177077  Amount of Each Receipt this Period  41.64
Full Name (Last, First, Middle Initial) Mr. Michael E Henze  Mailing Address 54 Hospital Drive  City Osage Beach  FEC ID number of contributing federal political committee.  Name of Employer Lake Regional Health System  Receipt For:  Primary General Other (specify)	State Zip Code MO 65065-3050  C Occupation Chief Executive Officer Aggregate Year-to-Date  600.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 19177617  Amount of Each Receipt this Period  600.00
Full Name (Last, First, Middle Initial) Mr. Gary L Barnett  Mailing Address P O Box 372  City  Mattoon  FEC ID number of contributing federal political committee.  Name of Employer Sarah Bush Lincoln Health Center  Receipt For:  Primary General Other (specify)	State Zip Code IL 61938-0372  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19178497  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	891.64

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 9/11/ (check only one)     X   11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PA	<u>~</u>		
Full Name (Last, First, Middle Initial) Mr Daniel A Parod			Date of Receipt
Mailing Address 2400 North Rockto	n Avenue		M M / D D / Y Y Y Y Y O D D / 2011
City Rockford	State IL	Zip Code 61103-3655	Transaction ID: 19178607  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Rockford Memorial Hospital	Occupation Senior Vi	n ice President Administrative	A
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Henry Scybold Mailing Address 529 South Summit	: Street		Date of Receipt
City	State	Zip Code	0 6 0 1 2 0 1 1 Transaction ID: 19179486
<u>Barrington</u>	IL	60010-4413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Rockford Memorial Hospital	Occupation Chief Fin	ancial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Ms. Helen M. Brooks			Date of Receipt
Mailing Address 2400 North Rockto	n Avenue		0 6 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockford	State IL	Zip Code 61103-3655	Transaction ID: 19179488
FEC ID number of contributing federal political committee.	C	01103-3033	Amount of Each Receipt this Period 500.00
Name of Employer Rockford Memorial Hospital	Occupation Executive	n e Director, Foundation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		1500.00

FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S Rockford II  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital	ate Zip Code 61073-7541	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. William R. Dilts  Mailing Address 11873 Warblers Way  City S Roscoe III  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For: Ag Other (specify)  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S Rockford III  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For: Ag  Receipt For: Ag	eupation e President, Strategic Plng/Relatio gregate Year-to-Date  250.00	Transaction ID: 19179489  Amount of Each Receipt this Period  250.00  Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. William R. Dilts  Mailing Address 11873 Warblers Way  City S Roscoe IL  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For: Ag Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S Rockford II  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For: Ag  Receipt For: Ag	eupation e President, Strategic Plng/Relatio gregate Year-to-Date  250.00	Transaction ID: 19179489  Amount of Each Receipt this Period  250.00  Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Roscoe  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag  Receipt For:  Ag  Contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag	eupation e President, Strategic Plng/Relatio gregate Year-to-Date  250.00	Date of Receipt    Date of Receipt   Date of Rec
Roscoe  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S Rockford  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag  Coccurrence  Receipt For:  Ag  Receipt For:  Ag	supation e President, Strategic Plng/Relatio gregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz Mailing Address 2400 North Rockton Avenue  City Reckford FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital Receipt For:  Ag  Contributing Con	supation e President, Strategic Plng/Relatio gregate Year-to-Date ▼  250.00	Date of Receipt    M
Receipt For:  Primary Other (specify)  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S Rockford IL  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag	e President, Strategic Plng/Relatio gregate Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S  Rockford II  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For: Ag	250.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. Gary E Kaatz  Mailing Address 2400 North Rockton Avenue  City S  Rockford II  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For: Ag	ate Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Rockford II  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag	ate Zip Code	06 01 2011
Rockford  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag	ate Zip Code	Transaction ID: 19179502
FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag		
federal political committee.  Name of Employer Rockford Memorial Hospital  Receipt For:  Ag	61103-3692	Amount of Each Receipt this Period
Receipt For: Ag		500.00
	cupation ssident and Chief Executive Officer	
Primary General	gregate Year-to-Date	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Mr. Phillip M Kambic		Date of Receipt
Mailing Address 350 North Wall Street		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	ate Zip Code	Transaction ID: 19179503
Kankakee II	. 60901-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Riverside Médical Center Ch	eupation ef Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	gregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
or for comme	on copied from such Reports and Stercial purposes, other than using the COMMITTEE (In Full) In Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Alice A	e (Last, First, Middle Initial) ckerman, MD ddress 3905 Piney Ridge RD			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 19179533
<u>Roanok</u>	9	VA	24033	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		350.00
Name of E Carilion C	Employer linic	Occupatio Departm	n ent Chair	
Receipt F Prin Oth		Aggregate	e Year-to-Date ▼ 350.00	
Mr. Carl B		Lagar Drive		Date of Receipt
Mailing Ad	ddress 1701 North George Ma	ison Drive		06 03 2011
City		State	Zip Code	Transaction ID: 19179534
<u>Arlingtor</u>	n	VA	22205-3698	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		350.00
<u>Arlington</u>	Employer lospital Center -	Occupatio Executive	n e Vice President and Chief C	)pe
Receipt F Prin Oth		Aggregate	e Year-to-Date ▼ 350.00	
	e (Last, First, Middle Initial) n M. Bass, Jr.			Date of Receipt
Mailing Ad	ddress 2619 Blue Hernon Circ	le		06 03 7 9 9 1
City	_	State	Zip Code	Transaction ID: 19179535
	e umber of contributing ·litical committee.	C	24018-5133	Amount of Each Receipt this Period 350.00
Name of E Carilion C	Employer linic	Occupatio Vice Pres	n sident Imaging & Pharmacy	
Receipt F Prin Oth			e Year-to-Date ▼ 350.00	
SUBTOTAL	of Receipts This Page (optional)		<b>_</b>	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	In for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Lori Brown Mailing Address 40349 Braddock Rd  City Aldie  FEC ID number of contributing federal political committee.	State Zip Code VA 20105-2719  C	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Name of Employer Inova Health System  Receipt For:  Primary General  Other (specify) ▼	Assistant Vice President  Aggregate Year-to-Date ▼  350.00	]
Full Name (Last, First, Middle Initial) Mr. Ramon Darcey  Mailing Address 535 Independence Pa Suite 200  City Chesapeake  FEC ID number of contributing	rkway  State Zip Code  VA 23320-5176	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Vice President  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Mr. Michael Dudley Mailing Address 4417 Corporation Lar	e	Date of Receipt  0 6 0 3 2 0 1 1
City Virginia Beach  FEC ID number of contributing federal political committee.	State Zip Code VA 23462-3162	Transaction ID: 19179589  Amount of Each Receipt this Period  350.00
Name of Employer Sentara Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date   350.00	
SUBTOTAL of Receipts This Page (optional) .		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to so	
Full Name (Last, First, Middle Initial) Mr. Robert L Graves Mailing Address 100 Sentara Circle  City Williamsburg  FEC ID number of contributing federal political committee.  Name of Employer Sentara Williamsburg Regional Medical Receipt For:	State Zip Code VA 23188-5713  C  Occupation Vice President and Administrator  Aggregate Year-to-Date	Date of Receipt    M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James E Haden  Mailing Address 459 Locust Avenue	350.00	Date of Receipt  0 6 0 3 2 0 1 1
City Charlottesville  FEC ID number of contributing federal political committee.  Name of Employer Martha Jefferson Hospital  Receipt For:  Primary General Other (specify) ▼	State Zip Code VA 22902-4808  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date  350.00	Transaction ID: 19179591  Amount of Each Receipt this Period  350.00
Full Name (Last, First, Middle Initial) Ms. Kay Hix Mailing Address 2784 Lakeview Road  City Troutville  FEC ID number of contributing federal political committee.  Name of Employer Carilion Clinic  Receipt For: Primary General Other (specify)	State Zip Code VA 24175-2750  C  Occupation Executive Director  Aggregate Year-to-Date  350.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any person ag the name and address of any political committee to s	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Walter J Kiwall Mailing Address 1001 Sam Perry E	Boulevard	Date of Receipt  0 6 0 3 2 0 1 1
City Fredericksburg	State Zip Code VA 22401-3354	Transaction ID: 19179594  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Washington Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Executive Vice President and Chief Op Aggregate Year-to-Date  350.00	De
Full Name (Last, First, Middle Initial) Mr. Rob Lockridge Mailing Address 14304 Horseshoe	Ford Rd	Date of Receipt  0 6 0 3 2 0 1 1
City	State Zip Code	Transaction ID: 19179595
Ashland	VA 23005-3163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer University of Virginia Medical Center Receipt For: Primary General	Occupation Director, Government Relations  Aggregate Year-to-Date	
Other (specify)	350.00	
Full Name (Last, First, Middle Initial) Ms Darleen Mastin		Date of Receipt
Mailing Address 4748 Totteridge L		06 / 03 / 2011
City Virgina Beach	State Zip Code VA 23462	Transaction ID: 19179597  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation Sr. Vice President/COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SURTOTAL of Receints This Page (entire	nal)	1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 117 (check only one)  X 11a 11b 11c 12
	Any information copied from such Reports and Stor for commercial purposes, other than using the	ratements may not be sold or used by any perso	13 14 15 16 17  n for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	The art address of any political committee to	
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Ms. Sylvia Richendollar		Date of Receipt
	Mailing Address 5466 Hunt Club Drive		0 6 0 3 2 0 1 1
	City	State Zip Code	Transaction ID: 19179599
	Virginia Beach	VA 23462-3413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Norfolk General	Occupation Director Laboratory Services	
	Hospital Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
- 3.	Full Name (Last, First, Middle Initial) Ms Rachel Schneider		Date of Receipt
-	Mailing Address 2328 Santa Fe Drive		M M / D D / Y Y Y Y Y O D D D D D D D D D D D D D D
	City	State Zip Code	Transaction ID: 19179600
	Virginia Beach	VA 23456-6752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Healthcare	Occupation Director of Network Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Larry M Graham, FACHE		Date of Receipt
	Mailing Address 1701 Oak Park Bouleva	ard	0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 19184659
	Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation President and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)		1450.00
⊢	,		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor ing the name and address of any political committee to s	for the purpose of soliciting contributions
American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) Mr. Clifford M Broussard, FACHE		Date of Receipt
Mailing Address 2400 Hospital Dri	ive	06 07 7 2011
City	State Zip Code	Transaction ID: 19184660
Bossier City	LA 71111-2385	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WK Bossier Health Center	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms Nancy Cassagne		Date of Receipt
Mailing Address 1101 Medical Cel	nter Boulevard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19184661
Marrero	LA 70072-3147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Jefferson Medical Ce- nter	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John J Finan, Jr		Date of Receipt
Mailing Address 4200 Essen Lane	)	0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baton Rouge	State Zip Code LA 70809-2196	Transaction ID: 19184662  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
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	
SUBTOTAL of Receipts This Page (optic	onal)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 117 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark E Marley, FACHE Mailing Address P O Box 2009  City Natchitoches  FEC ID number of contributing federal political committee.  Name of Employer Natchitoches Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code LA 71457-2009  C  Occupation Chief Executive Officer  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / 2 0 1 1  Transaction ID: 19184663  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. James T Montgomery, FACHE Mailing Address 1401 Foucher Street  City New Orleans  FEC ID number of contributing federal political committee.  Name of Employer Touro Infirmary  Receipt For: Primary General Other (specify)	State Zip Code LA 70115-3515  C  Occupation President  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / 2 0 1 1  Transaction ID: 19184768  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. James E Cathey, Jr  Mailing Address PO Box 2668  City Hammond  FEC ID number of contributing federal political committee.  Name of Employer North Oaks Medical Center  Receipt For: Primary General Other (specify)	State Zip Code LA 70404-2668  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  300.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 19184769  Amount of Each Receipt this Period  300.00
SUBTOTAL of Receipts This Page (optional)		1300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Repc or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions
American Hospital Association	1 PAC	
Full Name (Last, First, Middle Initial) Mr. M. Bryan Day		Date of Receipt
Mailing Address 3600 Florida B	Boulevard, 4th Floor	06 07 2011
City	State Zip Code	Transaction ID: 19184770
Baton Rouge	LA 70806-3842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Promise Hospital of Baton Rouge	Occupation Senior VicePresident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Ricardo Guevara	)	Date of Receipt
Mailing Address 200 Henry Cla	y Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19184771
New Orleans	LA 70118-5798	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Children's Hospital	Occupation Vice President Legal Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Patrick J Quinlan, MD, MHA		Date of Receipt
Mailing Address 1514 Jefferson	n Highway	0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Orleans	State Zip Code LA 70121-2484	Transaction ID: 19184772
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ochsner Medical Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (o	ptional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Warner L Thomas, FACHE		Date of Receipt
Mailing Address 1514 Jefferson Highwa	у	06 07 2011
City	State Zip Code	Transaction ID: 19184847
New Orleans	LA 70121-2429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ochsner Health System	Occupation  President and Chief Operating Officer	
Receipt For:	President and Chief Operating Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Mr. Timothy O Coffey		Date of Receipt
Mailing Address 1701 Oak Park Boulev	ard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19184848
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Senior Vice President Operations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Mr. Todd Delahoussaye, MBA		Date of Receipt
Mailing Address 1701 Oak Park Boulev	ard	M M / D D / Y Y Y Y Y O 6 0 7 2 0 1 1
City	State Zip Code	Transaction ID: 19184849
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Sr. VP, Specialty & Physician Services	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Bernita Loyd, , LD, LDN  Mailing Address 1701 Oak Park Blve	d	Date of Receipt
City	State Zip Code	0 6 0 7 2 0 1 1 Transaction ID: 19184850
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Vice President, Support Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Dr Kevin Mocklin, MD		Date of Receipt
Mailing Address 1701 Oak Park Bou		06 07 2011
City	State Zip Code	Transaction ID: 19184851
Lake Charles  FEC ID number of contributing federal political committee.	LA 70601-8911	Amount of Each Receipt this Period 225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Director Medical Staff	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Mr David Usher, , FACHE	I	Date of Receipt
Mailing Address P O Drawer 'M'		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19184852
Lake Charles	LA 70602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Senior Vice President, Business Devel	9
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
SURTOTAL of Receipts This Page (ontions	hl)	675.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Charles P Whitson, CPA		Date of Receipt
	Mailing Address 1701 Oak Park Boule		06 07 2011
	City Lake Charles	State Zip Code LA 70601-8911	Transaction ID: 19184853
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  225.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation Senior Vice President Finance	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
	Full Name (Last, First, Middle Initial) Mr. Robert L Hawley, Jr		Date of Receipt
	Mailing Address 1001 Gause Boulevar	d	06 07 2011
	City	State Zip Code	Transaction ID: 19184871
	Slidell	LA 70458-2987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Slidell Memorial Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	550.00	
	Full Name (Last, First, Middle Initial) Mr. John Hanshaw		Date of Receipt
	Mailing Address 6985 Union Park Ctr S	Ste 550	0 6 1 6 2 0 1 1
	City	State Zip Code	Transaction ID: 19189026
	Midvale  FEC ID number of contributing federal political committee.	UT 84047-4177	Amount of Each Receipt this Period 350.00
	Name of Employer HCA	Occupation President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Γ			625.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Benorts:	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 22 / 117  (check only one)  X 11a 11b 11c 12  13 14 15 16 1  If or the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	ng the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas A Biga Mailing Address 29 Highand Avenu	Ie.	Date of Receipt
		06 10 2011
City Fair Haven	State Zip Code  NJ 07704-3620	Transaction ID: 19192471
FEC ID number of contributing federal political committee.	NJ 07704-3620	Amount of Each Receipt this Period  1000.00
Name of Employer Saint Barnabas Health Care System Receipt For:	Occupation ExecutiveVice President	<del>-</del> -
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard Aubut		Date of Receipt
Mailing Address 55 Fogg Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192585
South Weymouth	MA 02190-2432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer South Shore Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr Howard R Grant, MD	I	Date of Receipt
Mailing Address 41 Mall Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192587
Burlington	MA 01805-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Lahey Clinic Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (option	nal)	2125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 23/117   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PA		areas or any pontion committee to	SOIGH SOITH SOUR COMMITTEE.
Full Name (Last, First, Middle Initial) Mr. Robert A Gundersen			Date of Receipt
Mailing Address 2001 Washington	Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Braintree	State MA	Zip Code 02184-8658	Transaction ID: 19192588  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		562.50
Name of Employer Kindred Hospital Northeas- t-Braintree	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial) Ms. Kathleen Jose, MSN			Date of Receipt
Mailing Address 41 Mall Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burlington	State MA	Zip Code 01805-0001	Transaction ID: 19192589  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01003-0001	112.50
Name of Employer Lahey Clinic Hospital	Occupation Sr VP. N	n ursing Services	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Karl B Gills	<u> </u>		Date of Receipt
Mailing Address 1024 Central Park	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19192592
Steamboat Springs  FEC ID number of contributing federal political committee.	CO	80487-8813	Amount of Each Receipt this Period 250.00
Name of Employer Yampa Valley Medical Cent- er	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option			925.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Victor A Broccolino  Mailing Address 5755 Cedar Lane  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Howard County General Hospital  Receipt For: Primary General Other (specify)	State Zip Code MD 21044-2999  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  340.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Ronald R Peterson  Mailing Address 733 North Broadway,  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Johns Hopkins Health System  Receipt For: Primary General Other (specify)	BRB 104  State Zip Code MD 21205  C  Occupation President  Aggregate Year-to-Date  255.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael B Robbins Mailing Address P.O. Box 8207  City Elkridge FEC ID number of contributing federal political committee.  Name of Employer Maryland Hospital Association	State Zip Code MD 21075-8207  C  Occupation Senior Vice President	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 510.00	1105.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 117 (check only one)  X 11a 11b 11c 12
		tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 \	E OF COMMITTEE (In Full) rican Hospital Association PAC			
Ms. C	lame (Last, First, Middle Initial) synthia M Grueber			Date of Receipt
	ng Address 3181 SW Sam Jackson			0 6 1 3 2 0 1 1
City Port	and	State OR	Zip Code 97239-3011	Transaction ID: 19192649  Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C		250.00
Name OHS	e of Employer U Hospital	Occupatio Chief Op	n perating Officer	
Rece	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Mr. R	lame (Last, First, Middle Initial) oy G Vinyard, FACHE			Date of Receipt
Mailir	ng Address 2650 Siskiyou Bouleva	ird, Suite 20	00	06 13 2011
City	, ,	State	Zip Code	Transaction ID: 19192652
	ID number of contributing al political committee.	OR	97504-8170	Amount of Each Receipt this Period 500.00
Name Asan	e of Employer te Health System	Occupatio Presiden	n t and Chief Executive Officer	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	lame (Last, First, Middle Initial) erry Murphy			Date of Receipt
-	ng Address 640 South State Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	or.	State DE	Zip Code 19901-3597	Transaction ID: 19192658  Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	19901-3397	500.00
Name Bayh	e of Employer ealth Medical Center	Occupatio Presiden	n t and Chief Executive Officer	
Rece	ipt For: Primary General Other (specify) ▼	, .	e Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1250.00
	This Period (last page this line number		•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(check drily drie)
	atements may not be sold or used by any name and address of any political commi	person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Donald R Avery, FACHE		Date of Receipt
Mailing Address P O Box 1408		0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192679
Dublin	GA 31040-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairview Park Hospital	Occupation President and Chief Executive C	Officer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.0	0
Full Name (Last, First, Middle Initial) Ms. Jean Aycock		Date of Receipt
Mailing Address 821 North Cobb Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192680
Milledgeville	GA 31061-2343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Oconee Regional Health Sy- stem	Occupation President and Chief Executive C	Officer
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
Full Name (Last, First, Middle Initial) Mr. Kevin Bierschenk		Date of Receipt
Mailing Address P O Box 4309		06 13 2011
City	State Zip Code	Transaction ID: 19192681
Eastman	GA 31023-4309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dodge County Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
SUBTOTAL of Receipts This Page (optional)		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 27 / 117 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Lance B Duke, FACHE Mailing Address 707 Center Street, Suit City Columbus FEC ID number of contributing federal political committee.	e 400  State Zip Code GA 31901-1575	Date of Receipt  O 6  Transaction ID: 19192687  Amount of Each Receipt this Period
Name of Employer Columbus Regional Healthc- are System Receipt For:  Primary  General  Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date ▼  250.00	er
Full Name (Last, First, Middle Initial)  Mr. John Fox  Mailing Address  Clarian Health Partners  I-65 at 21st Street	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Indianapolis  FEC ID number of contributing federal political committee.	IN 46206-1072  C	Amount of Each Receipt this Period  500.00
Name of Employer Clarian Health Partners  Receipt For:  Primary  General  Other (specify) ▼	Occupation CFO  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Mr. Lex S. Anderson  Mailing Address 1923 South Utica Aver	lue	Date of Receipt
City Tulsa	State Zip Code OK 74104-6502	Transaction ID: 19192728  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marian Health System Receipt For:	Occupation Chief Financial Officer  Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 117 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Mr. Chris Hammes		Date of Receipt
Mailing Address 3300 NW Expresswa	ay	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192729
Oklahoma City	OK 73112-4418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Integris Baptist Medical Center	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Ms. Debra K Boardman		Date of Receipt
Mailing Address 750 East 34th Stree	t	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192774
Hibbing	MN 55746-2341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairview Range Regional Health Service	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Sharon P. Andre		Date of Receipt
Mailing Address P.O. Box 9010		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192797
Stuart	FL 34995-9010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Martin Memorial Health Sy- stems	Occupation Admin Director, Ed., Diabetes & OH	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 117 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John R. Brownlow Mailing Address 5608 Bear Lake Circle City Apopka FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital	State Zip Code FL 32703-1916  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 19192800  Amount of Each Receipt this Period  250.00
Receipt For: Primary General Other (specify)	Sr. Vice President, Managed Care  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Timothy W Cook Mailing Address P O Box 9400		Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 19192803
Sebring	FL 33871-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital Heartland  Medical Cen  Receipt For:  Primary General  Other (specify) ▼	Occupation President and Chief Executive Office  Aggregate Year-to-Date   500.00	<u>r</u> ]
Full Name (Last, First, Middle Initial) Mr Frances Crunk	1	Date of Receipt
Mailing Address 2880 David Walker D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19192804
Eustis FEC ID number of contributing federal political committee.	FL 32726-6172	Amount of Each Receipt this Period  250.00
Name of Employer Florida Hospital Waterman	Occupation Chief Financial Officer	
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	1	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 117 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Bill Ellis			Date of Receipt
Mailing Address 6450 US Highway 1  City	State	Zip Code	0 6 1 5 2 0 1 1 Transaction ID: 19192823
Rockledge	FL	32955-5747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Health First, Inc.	Occupation Vice Pres	n sident Government and Indu	stry
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Richard M Irwin, Jr  Mailing Address 10000 West Colonia	al Drive		Date of Receipt
Maining Address 10000 West Colonia	ai Diive		06 15 2011
City	State	Zip Code	Transaction ID: 19192826
<u>Ocoee</u>	FL	34761-3493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Health Central	_ , '	t and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Mr. George Mikitarian, Jr	1		Date of Receipt
Mailing Address 951 North Washingt	ton Avenue		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19192830
<u>Titusville</u>	FL	32796-2163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Parrish Medical Center		ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u>'</u>		1200.00

SCH	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 117 (check only one)
ITE	MIZED RECEIPTS		for each category of the	
			Detailed Summary Page	
Any i	nformation copied from such Reports and Star r commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<b>—</b>	AME OF COMMITTEE (In Full)	arrie ariu auc	aress or any political committee to	Solicit Contributions from Such Committee.
\	merican Hospital Association PAC			
	ull Name (Last, First, Middle Initial) Ir. James R Nathan			Date of Receipt
M	lailing Address P O Box 2218			0 6 1 5 / Y Y Y Y Y
Ci	ity	State	Zip Code	Transaction ID: 19193023
<u>F</u>	ort Myers	FL	33902-2218	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
N; Le	ame of Employer ee Memorial Hospital	Occupation Presiden	n t and Chief Executive Officer	
R	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	ull Name (Last, First, Middle Initial)  Ir. Gregory Ohe			Date of Receipt
M	lailing Address 10000 West Colonial Dri	ve		0 6 1 5 / Y Y Y Y Y
Ci	ity	State	Zip Code	Transaction ID: 19193024
<u>O</u>	Ocoee	FL	34761-3493	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na H	ame of Employer lealth Central	Occupation Senior Vi	n ice President	
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	ull Name (Last, First, Middle Initial) Ir. Zeff Ross			Date of Receipt
M	lailing Address 3501 Johnson Street			06 / 15 / Y Y Y Y Y Y
	ity Iollywood	State FL	Zip Code 33021-5421	Transaction ID: 19193026  Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
Na M	ame of Employer lemorial Regional Hospital	Occupation Chief Exe	n ecutive Officer	
R	eceipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		1000.00	
SUE	BTOTAL of Receipts This Page (optional)		<b>&gt;</b>	2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 117 (check only one)  X 11a 11b 11c 12
	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Ms. Deanna Schaeffer		Date of Receipt
Mailing Address 400 N. Clyde Morri		0 6 1 5 2 0 1 1
City <u>Daytona Beach</u>	State Zip Code FL 32114-2731	Transaction ID: 19193027  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Halifax Health Medical Ce- nter of Dayto Receipt For:	Occupation CEO, Healthy Communities & GR Off	ider
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Camilla Schmitz, CPA		Date of Receipt
Mailing Address PO Box 391		06 / 15 / Y Y Y Y
City	State Zip Code	Transaction ID: 19193028
Chipley FEC ID number of contributing federal political committee.	FL 32428-0391	Amount of Each Receipt this Period  500.00
Name of Employer Northwest Florida Communi- ty Hospital	Occupation Chief Financial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Andrew Stein		Date of Receipt
Mailing Address 3315 Harbour Plac	е	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Panama City	State Zip Code FL 32405-1638	Transaction ID: 19193064  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bay Medical Center	Occupation Board Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any persor name and address of any political committee to s	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Daryl Tol		Date of Receipt
Mailing Address 701 West Plymouth Av	enue	06 15 2011
City	State Zip Code	Transaction ID: 19193066
Deland	FL 32720-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital DeLand	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Steve Truluck		Date of Receipt
Mailing Address 9798 NW CR 241		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193067
Lake Butler	FL 32054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Shands at the University of Florida	Occupation Director Saftey Security & Transportat	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Allen S Weiss		Date of Receipt
Mailing Address 350 Seventh Street No.	rth	0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193068
Naples	FL 34102-5754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer NCH Downtown Naples Hospi- tal	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 117 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John F Wilbanks, FACHE		Date of Receipt
Mailing Address 800 Prudential Drive		0 6 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 19193069
<u>Jacksonville</u>	FL 32207-8202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Health	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Eileen Dohmann		Date of Receipt
Mailing Address 6508 Flowerdew Hund	dred Ct.	0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193261
Centreville	VA 20120-3755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Washington Hospital	Occupation Vice President, Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Amy Adome	L	Date of Receipt
Mailing Address 1001 Sam Perry Blvd		0 6 1 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193332
Fredericksburg	VA 22401-4453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Medicorp Health System	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. William D Jacobsen		Date of Receipt
Mailing Address 180 Floyd Avenue		0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193334
Rocky Mount	VA 24151-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Franklin Memorial	Occupation	
<u>Hospital</u>	Chief Executive Officer	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Scott A Miller		Date of Receipt
Mailing Address 1521 Sea Breeze Tr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193335
Virginia Beach	VA 23452-4742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation Vice President Medical Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Melina Dee Perdue		Date of Receipt
Mailing Address 101 Elm Avenue SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19193336
Roanoke	VA 24013-2222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Clinic	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

ITEMIZED RECEIPTS  Any information copied from such Reports	Use separate schedule(s) for each category of the Detailed Summary Page  and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 36 / 117 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association Proceedings of the commercial purposes, other than using the commercial purposes and the commercial purposes are commercial purposes.	ng the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Melissa Smith  Mailing Address 11325 Bright Pon	d Lana	Date of Receipt
Mailing Address 11325 Bright Pon	u Lane	06 17 2011
City	State Zip Code	Transaction ID: 19193339
Reston FEC ID number of contributing federal political committee.	VA 20194-1006	Amount of Each Receipt this Period  350.00
Name of Employer Mary Washington Healthcare	Occupation Vice President	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. David L Ramsey	<b>-</b>	Date of Receipt
Mailing Address 20 Wildacre Road	I	0 6 2 0 2 0 1 1
City	State Zip Code	Transaction ID: 19193341
Charleston  FEC ID number of contributing federal political committee.	WV 25314	Amount of Each Receipt this Period 500.00
Name of Employer Charleston Area Medical Center Health Receipt For:	Occupation President and Chief Executive Officer Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey Matton		Date of Receipt
Mailing Address 1132 Nichols Ct.		0 6 2 0 2 0 1 1
City	State Zip Code	Transaction ID: 19193447
Millersville	MD 21108-2152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	408.00
Name of Employer Good Samaritan Hospital of Maryland	Occupation Senior Vice President and COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	
SUBTOTAL of Receipts This Page (option	nal)	1258.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  by information copied from such Reports and Si	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 117 (check only one)    X
or	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
<u>∠_</u> <b>4</b> .	Full Name (Last, First, Middle Initial)  Ms. Paula Minnehan  Mailing Address 283 Gallopiny Hill Road	d		Date of Receipt  0 6 2 0 2 0 1 1
	City Hopkinton	State NH	Zip Code 03229-3402	Transaction ID: 19194561  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.50
	Name of Employer New Hampshire Hospital Association Receipt For:  Primary  General  Other (specify) ▼		n ance and Rural Hospitals e Year-to-Date ▼ 205.00	
3.	Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road			Date of Receipt    M
	City	State	Zip Code	Transaction ID: 19194562
	Concord  FEC ID number of contributing federal political committee.	C	03301-7300	Amount of Each Receipt this Period 41.64
	Name of Employer New Hampshire Hospital Association Receipt For:  Primary  General  Other (specify) ▼	. '	n t and CEO e Year-to-Date ▼ 583.60	
 ;.	Full Name (Last, First, Middle Initial) Ms. Pamala Maples  Mailing Address P O Box 428			Date of Receipt  0 6 2 0 2 0 1 1
	City	State	Zip Code	Transaction ID: 19194565
	Jackson FEC ID number of contributing federal political committee.	C	83001-0428	Amount of Each Receipt this Period 250.00
	Name of Employer St. John's Medical Center and Living C		ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			306.14

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul Janke Mailing Address 1775 Thompson Road	Chata	7:n Oada	Date of Receipt  0 6 2 0 2 0 1 1
	City Coos Bay	State OR	Zip Code 97420-2125	Transaction ID: 19194568
	FEC ID number of contributing federal political committee.	C	97420-2125	Amount of Each Receipt this Period 500.00
	Name of Employer Bay Area Hospital  Receipt For: Primary General Other (specify)	_	on and Chief Executive Office e Year-to-Date ▼ 500.00	]
- В.	Full Name (Last, First, Middle Initial) Mr. Dennis J Doran Mailing Address 701 South Dellwood St	reet		Date of Receipt  0 6 2 0 2 0 1 1
	City	State	Zip Code	Transaction ID: 19194572
	Cambridge	MN	55008-1920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cambridge Medical Center	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Lockhart			Date of Receipt
	Mailing Address 27 Raynes Neck Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19194596
	<u>York</u>	ME	03909-5036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer York Hospital	Occupatio Director	n Surgery, Special Procedures	3
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number of	anly)	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 117 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive			Date of Receipt
City Topsham  FEC ID number of contributing	State ME	Zip Code 04086-6109	Transaction ID: 19194604  Amount of Each Receipt this Period
federal political committee.  Name of Employer Maine Hospital Association	Occupatio Presiden		250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mounta	in Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19194924
New Hope	PA	18938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer New Jersey Hospital Association Receipt For: Primary General		Health Economics • Year-to-Date ▼	1
Other (specify)  Full Name (Last, First, Middle Initial)	0 0	217.93	J _
Ms. Deborah K Zastocki, DNP, BSN,  Mailing Address 42 Long Ride Road			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 19194940
Randolph	NJ	07869-4571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Chilton Memorial Hospital Receipt For:	<del>- , '</del>	t and Chief Executive Officer	<u>,                                    </u>
Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<del></del>		755.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 117 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Laura D. Appel			Date of Receipt
	Mailing Address 110 West Michigan Av Suite 1200	venue		06 23 7 2011
	City	State MI	Zip Code	Transaction ID: 19194945
	Lansing FEC ID number of contributing federal political committee.	C	48933-1611	Amount of Each Receipt this Period 500.00
	Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify)	<del>- '</del>	n sident, Federal Policy & Adv Year-to-Date ▼ 500.00	/oc
	Full Name (Last, First, Middle Initial) Ms. Sally L Berglin Mailing Address P O Box 209			Date of Receipt  0 6 2 3 2 0 1 1
	City	State	Zip Code	Transaction ID: 19194947
	Paw Paw	MI	49079-0209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		275.00
	Name of Employer Bronson Healthcare Group Inc	Occupation Vice Pres		
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 275.00	
	Full Name (Last, First, Middle Initial) Mr. James Bosscher			Date of Receipt
	Mailing Address 27870 Cabot Drive			0 6 2 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19194949
	Novi	MI	48377-2920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Trinity Health	Occupation Vice Pres	n sident, Treasury	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Г		•		1025.00

Any information copied from such Repor or for commercial purposes, other than use the following for commercial for control for forms for control for control for for for control for control for for for control for control for for control for control for for for for control for control for for control for		Date of Receipt  Date of Receipt  2 3 2 0 1 1  Transaction ID: 19194950  Amount of Each Receipt this Period
American Hospital Association  Full Name (Last, First, Middle Initial) Mr David J Campbell Mailing Address 27 Oxford Road  City Grosse Pointe Shor  FEC ID number of contributing federal political committee.  Name of Employer Oakwood Healthcare, Inc.  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James M. Connelly Mailing Address 7123 Kennowy	State Zip Code MI 48236-1835  C  Occupation Administrator  Aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr David J Campbell  Mailing Address 27 Oxford Road  City  Grosse Pointe Shor  FEC ID number of contributing federal political committee.  Name of Employer Oakwood Healthcare, Inc.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James M. Connelly  Mailing Address 7123 Kennowy	State Zip Code MI 48236-1835  C  Occupation Administrator  Aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Grosse Pointe Shor  FEC ID number of contributing federal political committee.  Name of Employer Oakwood Healthcare, Inc.  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James M. Connelly  Mailing Address 7123 Kennowy	State Zip Code MI 48236-1835  C  Occupation Administrator  Aggregate Year-to-Date	Transaction ID: 19194950  Amount of Each Receipt this Period
Grosse Pointe Shor  FEC ID number of contributing federal political committee.  Name of Employer Oakwood Healthcare, Inc.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James M. Connelly  Mailing Address 7123 Kennowy	MI 48236-1835  C  Occupation Administrator  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Oakwood Healthcare, Inc.  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James M. Connelly Mailing Address 7123 Kennowy	Occupation Administrator Aggregate Year-to-Date ▼	
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. James M. Connelly  Mailing Address 7123 Kennowy	Administrator  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James M. Connelly  Mailing Address 7123 Kennowy	Aggregate Year-to-Date ▼	
Mr. James M. Connelly  Mailing Address 7123 Kennowy	233.00	
		Date of Receipt
City	Court	06 23 7 2011
	State Zip Code	Transaction ID: 19194951
West Bloomfield	MI 48322-3276	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Henry Ford Health System	Occupation  EVP Finance and Administration	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. William Conway		Date of Receipt
Mailing Address 998 Brookwood	St.	06 23 2011
City	State Zip Code	Transaction ID: 19194952
<u>Birmingham</u>	MI 48009-1102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Henry Ford Health System	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Van Conway Mailing Address 401 S Old Woodward,  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer Beaumont Health System  Receipt For: Primary General	Suite 340  State Zip Code MI 48009-6621  C  Occupation Trustee  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify)  Full Name (Last, First, Middle Initial) Ms. Beverly Erickson Mailing Address 1841 Maryland Blvd  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer Trinity Health  Receipt For:	State Zip Code MI 48009-4119  C  Occupation Vice President  Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y  O 6 23 2011  Transaction ID: 19194956  Amount of Each Receipt this Period  250.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Garry C Faja Mailing Address 400 West Russell Stree City Saline FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Mercy Hospital  Receipt For:	et  State Zip Code MI 48176-1183  C  Occupation President and Chief Executive Officer	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	·	3350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James B. Falahee, Jr.		Date of Receipt
Mailing Address 7463 Cottage Oak Dr		06 23 2011
City Portage	State Zip Code MI 49024-2352	Transaction ID: 19194959  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer Bronson Healthcare Group Inc	Occupation Senior VP, Legal/Legislative Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial)  Ms. Alice Gerard  Mailing Address 3231 Bangor Rd.		Date of Receipt
	71.0	06 23 2011
City Bay City	State Zip Code MI 48706-1852	Transaction ID: 19194960  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	990.00
Name of Employer Bay Regional Medical Cent- er	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	
Full Name (Last, First, Middle Initial) Mr. Peter Graham	1	Date of Receipt
Mailing Address 2233 Quarry Road		06 23 7 2011
City East Lansing	State Zip Code MI 48823-7234	Transaction ID: 19194961  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Sparrow Hospital	Occupation Vice President, Sparrow Medical Grou	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	·	1690.00
TOTAL This Period (last page this line numbe	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 117 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. John T. Hayden  Mailing Address 5864 Blue Jay Drive  City Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Bronson Healthcare Group Inc  Receipt For: Primary General Other (specify)	State Zip Code MI 49009-0800  C  Occupation Vice President Human Resources  Aggregate Year-to-Date   325.00	Date of Receipt  M M M D D D 2 2 3 1 2 0 1 1  Transaction ID: 19194964  Amount of Each Receipt this Period  325.00
Full Name (Last, First, Middle Initial) Dr. Michael Haynes  Mailing Address 13144 Balfour Ave  City Huntington Woods  FEC ID number of contributing federal political committee.  Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify)	State Zip Code MI 48070-1701  C  Occupation Chief Medical Officer  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19194965  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Harry N. Herkowitz Mailing Address 2700 W. Long Lake Receipt For:  Receipt For: Primary General Other (specify)	d.  State Zip Code MI 48323-1832  C  Occupation Chairman of Orthopaedic Surgery  Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 2 3 2 0 1 1  Transaction ID: 19194967  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1075.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commer  NAME OF	on copied from such Reports and Strcial purposes, other than using the COMMITTEE (In Full)  n Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Mr Dennis Mailing Ad City Birmingh FEC ID nu federal pol Name of E Beaumont Receipt Fo	nam umber of contributing itical committee. imployer Health System or:		Zip Code 48009-1027  n ice President and Chief Fina e Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19194968  Amount of Each Receipt this Period  250.00
Ms. Donna Mailing Ad  City  Grosse F  FEC ID nu federal pol  Name of E Beaumont  Receipt Fo	Pointe Farm Imber of contributing itical committee. Imployer Health System or:		Zip Code 48236-3808  n ice President  Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19194969  Amount of Each Receipt this Period  250.00
City Grosse F FEC ID nu federal pol  Name of E St. John P System Receipt Fc	Pointe Park  Implementation of contributing itical committee.  Imployer rovidence Health or:		Zip Code 48230-1815  n President e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19194970  Amount of Each Receipt this Period  250.00
SUBTOTAL	of Receipts This Page (optional)		<b>)</b>	750.00

Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)  American Hospital Association  Full Name (Last, First, Middle Inition Mr. Charles Hoffman Mailing Address 2440 Antieta City  Ann Arbor  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Mercy Hospital	al)	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. Charles Hoffman  Mailing Address 2440 Antieta  City  Ann Arbor  FEC ID number of contributing federal political committee.	State Zip Code MI 48105-1471  C Occupation Chief Financial Officer	Transaction ID: 19194971  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation Chief Financial Officer	
Name of Employer St. Joseph Mercy Hospital	Chief Financial Officer	
Receipt For:  Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Inition Victoria Hollingsworth Mailing Address 1255 Concord		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19194972
Rochester Hills  FEC ID number of contributing federal political committee.	MI 48309-2859	Amount of Each Receipt this Period 375.00
Name of Employer Beaumont Health System	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Inition Mr. David B. Jahn	al)	Date of Receipt
Mailing Address 3341 Lakesh	ore Drive	0 6 2 3 2 0 1 1
City Sault Sainte Marie	State Zip Code MI 49783-1111	Transaction ID: 19194974  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer War Memorial Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	(optional)	1125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 47/117   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAGE		areas or any pondear committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Mr. John L. Jones, Jr.			Date of Receipt
Mailing Address 1814 Hazel Avenue	}		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kalamazoo	State MI	Zip Code 49008-2844	Transaction ID: 19194975  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		275.00
Name of Employer Bronson Healthcare Group Inc	Occupatio Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Peter Karadjoff			Date of Receipt
Mailing Address 304 Fairway Court			06 23 2011
City St. Clair	State MI	Zip Code 48079-3570	Transaction ID: 19194976
FEC ID number of contributing federal political committee.	C	46079-5570	Amount of Each Receipt this Period 475.00
Name of Employer St. Joseph Mercy Port Hur-	Occupatio Presiden		
on Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) Ms. Cheryl Knapp			Date of Receipt
Mailing Address 7183 Cross Country	y Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kalamazoo	State MI	Zip Code 49009-7588	Transaction ID: 19194978  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	49003-7300	225.00
Name of Employer Bronson Healthcare Group Inc	Occupatio Vice Pres	sident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	]
SUBTOTAL of Receipts This Page (optional	1		975.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Scott D. Larson, MD		Date of Receipt
Mailing Address 1531 Academy Street	7.0.1	06 / 23 / 2011
City Kalamazoo	State Zip Code MI 49006-4400	Transaction ID: 19194980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer Bronson Healthcare Group Inc	Occupation SVP, Medical Affairs / CMO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Dr. William J Mayer, MD		Date of Receipt
Mailing Address 3521 Whistling Ln.		06 23 2011
City	State Zip Code	Transaction ID: 19194984
<u>Portage</u>	MI 49024-5513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Bronson Healthcare Group Inc	Occupation Vice President Medical Staff Clinical	I
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Ms. Mary M. Meitz		Date of Receipt
Mailing Address 11425 Long Point Dr.		06 23 2011
City Plainwell	State Zip Code MI 49080-9265	Transaction ID: 19194986
FEC ID number of contributing federal political committee.	MI 49080-9265	Amount of Each Receipt this Period  225.00
Name of Employer Bronson Healthcare Group Inc	Occupation Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	825.00
TOTAL This Period (last page this line number		<u> </u>

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 117 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  American Hospital Association P	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Duane Mezwa		Date of Receipt
Mailing Address 3250 Wauil Ridge	e Circle	0 6 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 19194987
Rochester Hills	MI 48309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Beaumont Health System	Occupation Vice Chief of Diagnostic Radiology	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Paul Misch, MD		Date of Receipt
Mailing Address 1618 Stony Creek	k Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19194988
Rochester	MI 48307-1783	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Beaumont Health System	Occupation Senior Vice President and Medical Dire	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Ms. Denise Neely, RN		Date of Receipt
Mailing Address 11808 S 26th Str	eet	06 23 2011
City	State Zip Code	Transaction ID: 19194991
Vicksburg	MI 49097-8366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Bronson Healthcare Group Inc	Occupation Director of Pain Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optic	onal)	1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 117 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Charles Nelson		Date of Receipt
	Mailing Address 205 Osceola Street		06 23 2011
	City	State Zip Code	Transaction ID: 19194992
	Laurium  FEC ID number of contributing federal political committee.	MI 49913-2134	Amount of Each Receipt this Period 250.00
	Name of Employer Aspirus Keweenaw Hospital	Occupation	
	Receipt For: Primary General	Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	7
	Other (specify) ▼  Full Name (Last, First, Middle Initial)	230.00	
	Dr Anthony Oliva  Mailing Address 10621 Bear Lake Trai	I	Date of Receipt  0 6 2 3 2 0 1 1
	City	State Zip Code	Transaction ID: 19194993
	Portage	MI 49024-6207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Borgess Health	Occupation Chief Medical Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
_	Full Name (Last, First, Middle Initial) Mr. Christopher Palazzolo		Date of Receipt
	Mailing Address 3260 Charlwood Dr.		06 23 7 2011
	City	State Zip Code	Transaction ID: 19194994
	Rochester Hills  FEC ID number of contributing federal political committee.	MI 48306-3614	Amount of Each Receipt this Period 250.00
	Name of Employer Genesys Health System	Occupation Chief Financial Officer	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 117 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steve Paulus  Mailing Address 17020 Carriage Way  City Northville  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Mercy Hospital  Receipt For: Primary General	State Zip Code MI 48168-6602  C  Occupation Vice President  Aggregate Year-to-Date	Date of Receipt  0 6 2 3 2 0 1 1  Transaction ID: 19194995  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Michelle Serbenski Pelletier  Mailing Address 51255 38th Street  City  Paw Paw  FEC ID number of contributing federal political committee.	State Zip Code MI 49079-8315	Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 23 2011  Transaction ID: 19194996  Amount of Each Receipt this Period  225.00
Name of Employer Bronson Healthcare Group Inc Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Annette S Phillips	Occupation Vice President  Aggregate Year-to-Date ▼  225.00	Date of Receipt
Mailing Address 718 North Macomb St  City  Monroe	reet State Zip Code MI 48162-7815	Transaction ID: 19194997  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mercy Memorial Hospital System Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President and Chief Executive Office  Aggregate Year-to-Date   500.00	er
	•	975.00

Ç	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 117
			Use separate schedule(s) for each category of the	(check only one)
ı	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Gairmary Fage	13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
K	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. John J. Polanski			Date of Receipt
٠.	Mailing Address 32551 Myrna			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	•		•	Transaction ID: 19194999
	Livonia	MI	48154-2911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	on .	_
	Name of Employer Henry Ford Health System		ice President	
	Receipt For:	<del> </del>	e Year-to-Date ▼	
	Primary General	Aggregati	e rear-to-date •	1
	Other (specify) ▼	0 0	250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. John Popovich, Jr., MD			Date of Receipt
•	Mailing Address 264 Chesterfield Avenue			M M / D D / Y Y Y Y
	Maining / Red 1999 204 Offesterfield Aver	ue		06 23 2011
	City	State	Zip Code	Transaction ID: 19195000
	<u>.</u> Birmingham	MI	48009-1285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Henry Ford Health System	Occupation Physicia	on n/Hospital Administration	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ).	Full Name (Last, First, Middle Initial) Dr Larry Rawsthorne, MD			Date of Receipt
<b>,</b> .	Mailing Address 1215 East Michigan A	venue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19195003
	Lansing	MI	48912-1811	Amount of Each Receipt this Period
				7 thouse of East Hoosept the Forlia
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Sparrow Hospital	Occupation Senior V	on lice President Medical Affairs	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General	39. 294.		1
	Other (specify) ▼		375.00	
T	SUBTOTAL of Receipts This Page (optional)	1		875.00
$\vdash$				-

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association P	and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Sue Reinoehl		Date of Receipt
Mailing Address 8804 Weeping Pi		06 23 2011
City <u>Ka</u> lamazoo	State Zip Code MI 49009-6733	Transaction ID: 19195004  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bronson Healthcare Group Inc	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Donna Roach Mailing Address 2662 Innisbrook	Drive	Date of Receipt
Mailing Address 2662 Innisbrook	Drive	06 23 2011
City	State Zip Code	Transaction ID: 19195005
Portage	MI 49024-7872	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Bronson Healthcare Group Inc	Occupation CIO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Joseph J. Ruth		Date of Receipt
Mailing Address 6480 Kernwood		0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19195007
East Lansing FEC ID number of contributing federal political committee.	MI 48823-9432	Amount of Each Receipt this Period 300.00
Name of Employer Sparrow Hospital	Occupation Executive Vice President & COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	onal)	850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James J Sexton, FACHE Mailing Address 27100 Loma Court	t	Date of Receipt  0 6 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 19195011
Grosse Ile	MI 48138-2170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Henry Ford Health System Receipt For:	Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼	- -
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Camille Shy	·	Date of Receipt
Mailing Address 13200 Cambridge	Court	0 6 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 19195012
Plymouth	MI 48170-3099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Joseph Mercy Hospital	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Joseph R Swedish		Date of Receipt
Mailing Address 27870 Cabot Drive	)	0 6 2 3 Y Y Y Y Y Y
City <u>Novi</u>	State Zip Code MI 48377-2920	Transaction ID: 19195016  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Trinity Health	Occupation President and Chief Executive Officer	1
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	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 55 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kenneth L Taft Mailing Address 301 John Street		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kalamazoo  FEC ID number of contributing	State Zip Code MI 49007-5295	Transaction ID: 19195017  Amount of Each Receipt this Period  375.00
Name of Employer Bronson Healthcare Group Inc Receipt For: Primary General Other (specify)	Occupation Executive Vice President and Chief Op Aggregate Year-to-Date  375.00	_
Full Name (Last, First, Middle Initial) Mr. Robert S. Taubman Mailing Address 200 East Long Lake	Road	Date of Receipt  0 6 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 19195018
Bloomfield Hills	MI 48304-2314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Taubman Center/William Be- aumont Hospit Receipt For:  Primary General  Other (specify) ▼	Occupation Trustee  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Mr. Randall J Wagner Mailing Address 4691 Old Grand Riv	er Tr	Date of Receipt
City	State Zip Code	06 23 2011
Ada	MI 49301-8614	Transaction ID: 19195022  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Mary's Health Care	Occupation COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Sam R. Watson Mailing Address 1240 E. Mill Street	State	Zip Code	Date of Receipt  0 6 2 3 2 0 1 1
	City <u>Hastings</u>	MI	2ip Code 49058-9185	Transaction ID: 19195023
	FEC ID number of contributing federal political committee.	C	49030-9103	Amount of Each Receipt this Period 750.00
	Name of Employer Michigan Health & Hospital Association Receipt For:  Primary General Other (specify) ▼		e Executive Director e Year-to-Date  750.00	
В.	Full Name (Last, First, Middle Initial)  Mr. Mike Way  Mailing Address 7049 Turkey Glen Trai	l		Date of Receipt
	Cit.	04-4-	7:- Code	06 23 2011
	City Kalamazoo	State MI	Zip Code 49009-7031	Transaction ID: 19195024
	FEC ID number of contributing federal political committee.	C	49009-7031	Amount of Each Receipt this Period  250.00
	Name of Employer Bronson Healthcare Group Inc	Occupation Vice Pre-		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- ).	Full Name (Last, First, Middle Initial) Mr. Jack Weiner			Date of Receipt
	Mailing Address 44405 Woodward Ave	nue		0 6 2 3 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19195025
	Pontiac	MI	48341-5023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer St. Joseph Mercy Oakland		t and Chief Executive Officer	<u>,                                     </u>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
f	TOTAL This Period (last page this line number	only)	<b>b</b>	

SCHEDULE A (FEC ITEMIZED RECEIPTS	, ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 117 (check only one)    X   11a
or for commercial purposes, other NAME OF COMMITTEE (In	r than using the name and addres -ull)	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Assor			
Dr. Michael C. Wiemann, M.D.  Mailing Address 5748 He	·		Date of Receipt  0 6 2 3 2 0 1 1
City West Bloomfield	State MI	Zip Code 48322-1333	Transaction ID: 19195027  Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		250.00
Name of Employer St. John Providence Health System	Occupation President		
Receipt For:  Primary Gene Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Lawrence Wilhite Mailing Address 1215 East Michigan Avenue			Date of Receipt
		7' 0 1	06 23 2011
City Lansing	State MI	Zip Code 48912-1811	Transaction ID: 19195028
FEC ID number of contributir federal political committee.		40312 1011	Amount of Each Receipt this Period 250.00
Name of Employer Sparrow Hospital	Occupation Vice Preside	ent Legal and Risk Manag	<del></del> geme
Receipt For:  Primary Gene  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Mr. Scott Wilkerson	Initial)		Date of Receipt
Mailing Address 4094 Bre	akwater Dr.		0 6 2 3 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19195029
Okemos  FEC ID number of contributir federal political committee.	g C	48864-4410	Amount of Each Receipt this Period 250.00
Name of Employer Sparrow Hospital	Occupation President, P	hysicians Health Plan	
Receipt For:  Primary Gene Other (specify) ▼	Aggregate Ye		
	I		750.00

		X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Samuel Yamin  Mailing Address 5532 Lakeview Dr.  City Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer Beaumont Health System  Receipt For: Primary General Other (specify)	State Zip Code MI 48302-2728  C Occupation Trustee Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19195032  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. Keith A. Hovan  Mailing Address 316 Marys Pond Rd  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer Southcoast Hospitals Group  Receipt For: Primary General Other (specify)	State Zip Code MA 02770-4012  C  Occupation President & CEO  Aggregate Year-to-Date  375.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 19195062  Amount of Each Receipt this Period  375.00
Full Name (Last, First, Middle Initial) Mr. Louis J Woolf Mailing Address 1200 Centre Street  City Boston  FEC ID number of contributing federal political committee.  Name of Employer Hebrew Rehabilitation Center Receipt For: Primary General Other (specify)	State Zip Code MA 02131-1011  C  Occupation President  Aggregate Year-to-Date   262.50	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19195072  Amount of Each Receipt this Period  262.50
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1137.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 117 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Kathleen Harrelson		Date of Receipt
Mailing Address 6181 Karabrook Cou	rt	0 6 23 2011
City	State Zip Code	Transaction ID: 19195073
Kalamazoo	MI 49009-8961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Bronson Healthcare Group Inc	Occupation Vice President of Nursing	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Joseph L Woodin		Date of Receipt
Mailing Address P O Box 2000		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19195077
Randolph	VT 05060-2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Gifford Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Karen Perdue		Date of Receipt
Mailing Address 943 West 6th Avenue	е	0 6 2 1 2 0 1 1
City	State Zip Code	Transaction ID: 19195845
<u>Anchorage</u>	AK 99501-2033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Alaska State Hospital & Nursing Home A	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1625.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 117 (check only one)    X
A.	r for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. David Ross	name and add	dress of any political committee to	solicit contributions from such committee.  Date of Receipt
	Mailing Address 172 Kinsley Street  City  Nashua  FEC ID number of contributing federal political committee.	State NH	Zip Code 03060-3648	Transaction ID: 19195848  Amount of Each Receipt this Period  500.00
	Name of Employer St. Joseph Hospital  Receipt For:  Primary General  Other (specify) ▼	1	n t and Chief Executive Officer e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nancy A. Formella  Mailing Address One Medical Center Dri  City  Lebanon  FEC ID number of contributing federal political committee.  Name of Employer Dartmouth-Hitchcock Medical Center  Receipt For:  Primary General  Other (specify)	State NH C Occupation Presiden		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Mr. Gregory J Walker  Mailing Address 789 Central Avenue  City  Dover  FEC ID number of contributing federal political committee.  Name of Employer Wentworth-Douglass Hospital Receipt For:  Primary General Other (specify)		Zip Code 03820-2526  n ecutive Officer e Year-to-Date ▼ 350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John W Bluford Mailing Address 2301 Holmes Stree  City Kansas City  FEC ID number of contributing federal political committee.  Name of Employer Truman Medical Centers In- c. Receipt For: Primary General Other (specify)	State Zip Code MO 64108-2640  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date  1000.00	Date of Receipt  M M / D D / Y Y Y Y Y  2 0 1 1  Transaction ID: 19195867  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Mr. Ronald B. Ashworth  Mailing Address 1508 Pacland Ridge  City Chesterfield  FEC ID number of contributing federal political committee.  Name of Employer Sisters of Mercy Health System Receipt For:  Primary General Other (specify)	e Court  State Zip Code MO 63005-4327  C  Occupation Chair  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 19195868  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Ms. Liza Jensen  Mailing Address 8109 Fredericksbur  City  San Antonio  FEC ID number of contributing federal political committee.  Name of Employer Methodist Specialty and Transplant Hos  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78229-3311  C  Occupation Executive Director, Department of Psy Aggregate Year-to-Date  350.00	Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	d)	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 117 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Stuart Buttlaire		Date of Receipt
Mailing Address 1950 Franklin Street 4th Floor		06 23 7 2011
City <u>O</u> akland	State Zip Code CA 94612-5190	Transaction ID: 19195890  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Kaiser Foundation Hospita- Is	Occupation Regional Dir of Inpatient Psychiatry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Debra A Flores		Date of Receipt
Mailing Address 3000 Coliseum Drive		06 23 7 2011
City	State Zip Code	Transaction ID: 19195908
Hampton	VA 23666-5963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara CarePlex Hospital	Occupation Vice President and Administrator	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Dougal Hewitt		Date of Receipt
Mailing Address 8260 Atlee Road		0 6 2 3 Y Y Y Y Y Y
City <u>Mechanicsville</u>	State Zip Code VA 23116-1844	Transaction ID: 19195910  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 23110-1044	350.00
Name of Employer Memorial Regional Medical Center	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
American Hospital Association PAC	; 	
Full Name (Last, First, Middle Initial) Ms. Shirley Holland		Date of Receipt
Mailing Address 161 Lila Lane		06 23 2011
City <u>Boones Mill</u>	State Zip Code VA 24065-3749	Transaction ID: 19195911  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Clinic	Occupation Vice President/Strategic Development	1
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Mr. David Jenkins		Date of Receipt
Mailing Address 2620 Pleasant Run	Drive	06 23 7 2011
City	State Zip Code	Transaction ID: 19195912
Richmond  FEC ID number of contributing federal political committee.	VA 23233-2114	Amount of Each Receipt this Period  200.00
Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation Director of Human Services	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Randall L Kelley		Date of Receipt
Mailing Address P O Box 6000		0 6 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 19195925
Leesburg FEC ID number of contributing federal political committee.	VA 20177-0600	Amount of Each Receipt this Period  350.00
Name of Employer Inova Loudoun Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional		900.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American Hospital Association F	and Statements may not be sold or used by any person ing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Genemarie P McGee Mailing Address 3728 Ballahack F	Road State Zip Code	Date of Receipt    M   M   D   D   2 3   2 0 1 1
Chesapeake FEC ID number of contributing federal political committee.	VA 23322-3201	Amount of Each Receipt this Period 350.00
Name of Employer Sentara Leigh Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Dr Archie McPherson, , M.D. Mailing Address 1701 North Geor	ge Mason Drive	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19195928
Arlington  FEC ID number of contributing federal political committee.	VA 22205-3698	Amount of Each Receipt this Period 350.00
Name of Employer Virginia Hospital Center - Arlington Receipt For:  Primary General Other (specify) ▼	Occupation Vice President and Chief Medical Office Aggregate Year-to-Date  350.00	
Full Name (Last, First, Middle Initial) Mr. Olas A Hubbs, IIIFACHE		Date of Receipt
Mailing Address 500 London Aver		06 24 2011
City Marysville	State Zip Code OH 43040-5512	Transaction ID: 19197902  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Memorial Hospital of Union County	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	onal)	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 117 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personant and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Mr. Dale E Thornton, MPH, CHE  Mailing Address 45 St Lawrence Drive		Date of Receipt
City	State Zip Code	0 6 2 4 2 0 1 1 Transaction ID: 19198627
<u>Tiffin</u>	OH 44883-8310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Mercy Tiffin Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
Mailing Address 257 Clouse Lane		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code OH 43023-1428	Transaction ID: 19198639
Granville  FEC ID number of contributing federal political committee.	OH 43023-1428	Amount of Each Receipt this Period  500.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mr. Raymond M Chorey		Date of Receipt
Mailing Address P O Box 610		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19198650
Cambridge  FEC ID number of contributing federal political committee.	OH 43725-0610	Amount of Each Receipt this Period  250.00
Name of Employer Southeastern Ohio Regional Medical Cen Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2000.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 117 (check only one)    X   11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William Annable  Mailing Address 2464 Guilford RD  City Cleveland Heights  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals	State OH C Occupation	Zip Code 44118-4104	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 24 2011  Transaction ID: 19198653  Amount of Each Receipt this Period  500.00
_	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Mary Alice Annecharico  Mailing Address 234 Goodman Street			Date of Receipt  0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 19200507
	Cincinnati	OH	45219-2364	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer University Hospital		President and Chief Informa	ti
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Dr Achilles Demetriou, MD  Mailing Address 11100 Euclid Avenue			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19200509
	Cleveland	OH	44106-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Hospitals		perating Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	only)		

Chardon  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals Extended Care Cam  Receipt For:  Primary General  Other (specify) ▼	State Zip Code OH 44024-8327  C  ccupation resident aggregate Year-to-Date  500.00	Date of Receipt    Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Richard Hanson  Mailing Address 12340 Bass Lake Road  City Chardon  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals Extended Care Cam Receipt For: Primary General Other (specify)	OH 44024-8327  C ccupation resident aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nded Care Cam  Receipt For:  Primary  General  Other (specify) ▼	resident ggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Ms. Janet L Miller  Mailing Address 11100 Euclid Avenue  City	State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
FEC ID number of contributing federal political committee.	OH 44106-5000  C ccupation	Amount of Each Receipt this Period 500.00
University Hospitals	chief Legal Officer aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, MD Mailing Address 11100 Euclid Avenue		Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cleveland  FEC ID number of contributing	State         Zip Code           OH         44106-1716	Transaction ID: 19200515  Amount of Each Receipt this Period  500.00
Name of Employer University Hospitals Case Medical Cent	recupation	
Receipt For:  Primary General  Other (specify) ▼	aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 117 (check only one)  X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul Tait Mailing Address 6560 Thorntree Drive  City Brecksville  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals  Receipt For: Primary General	State Zip Code OH 44141-1769  C  Occupation Sr VP, Strategic Planning & Bus Devel  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19200516  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. Thomas F Zenty, III Mailing Address 11100 Euclid Avenue  City Cleveland  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals  Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44106-1716  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ms. Susan Croushore  Mailing Address 2139 Auburn Avenue  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Christ Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code OH 45219-2906  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M Z 4 Z 0 1 1  Transaction ID: 19200518  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Harlan Hallquist  Mailing Address 9855 West 78th Street Suite 270  City Eden Prairie	State Zip Code MN 55344-8002	Date of Receipt  0 6 27 2011  Transaction ID: 19200530  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer J.E. Dunn Construction Company Receipt For:  Primary General Other (specify)	C Occupation Vice President  Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Mr. Thomas K Prusak  Mailing Address 523 North Third Street  City Brainerd  FEC ID number of contributing federal political committee.  Name of Employer Essentia Health St. Joseph's Medical C  Receipt For:  Primary General Other (specify)	State Zip Code MN 56401-3098  C  Occupation President  Aggregate Year-to-Date  275.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 / 2 7 / 2 0 1 1  Transaction ID: 19200533  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) Mr. Carl Vaagenes  Mailing Address 111 17th Avenue East  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer Douglas County Hospital  Receipt For: Primary General Other (specify)	State Zip Code MN 56308-5273  C  Occupation Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 / 2 7 / 2 0 1 1  Transaction ID: 19200534  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		775.00

ercial purposes, other than using the of COMMITTEE (In Full) an Hospital Association PAC lee (Last, First, Middle Initial) Middless 523 North Third Strees described by the contributing olitical committee.  Employer I Health St. Josepcal Cefor: I mary General leer (specify)  lee (Last, First, Middle Initial) ley K Hammack level K Hammack address 2451 Fillingim Street leads of contributing olitical committee.	t State Zip Coo MN 56401  C Occupation President and Chie Aggregate Year-to-Dat  State Zip Coo AL 36617:  C	de 3098  Executive Officer e  275.00	Date of Receipt  Date of Receipt  Transaction ID: 19200535  Amount of Each Receipt this Period  Date of Receipt
an Hospital Association PAC  le (Last, First, Middle Initial) M Wiebolt Address 523 North Third Stree  d humber of contributing olitical committee.  Employer I Health St. Josepcal C For: mary General her (specify)  le (Last, First, Middle Initial) ley K Hammack Address 2451 Fillingim Street  humber of contributing olitical committee.	State Zip Coo MN 56401  C  Occupation President and Chie  Aggregate Year-to-Date  State Zip Coo AL 36617	Executive Officer  275.00	Transaction ID: 19200535  Amount of Each Receipt this Period  25.00  Date of Receipt  M M O C D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M Wiebolt Address 523 North Third Stree  d number of contributing olitical committee.  Employer I Health St. Josep- cal C For: mary General ner (specify)   Re (Last, First, Middle Initial) ey K Hammack Address 2451 Fillingim Street  number of contributing olitical committee.	State Zip Coo MN 56401  C  Occupation President and Chie  Aggregate Year-to-Date  State Zip Coo AL 36617	Executive Officer  275.00	Transaction ID: 19200535  Amount of Each Receipt this Period  25.00  Date of Receipt  M M O C D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
d number of contributing olitical committee.  Employer I Health St. Josep- cal C For: mary General ner (specify)   Ide (Last, First, Middle Initial) ey K Hammack Indiddress 2451 Fillingim Street  Indiddress 2451 Fillingim Street	State Zip Coo MN 56401  C  Occupation President and Chie  Aggregate Year-to-Date  State Zip Coo AL 36617	Executive Officer  275.00	Date of Receipt    Date of Receipt   Date of Rec
inumber of contributing olitical committee.  Employer I Health St. Josepcal C For: mary General Inter (specify)  Inter (specify)  Inter (Last, First, Middle Initial)  Inter (Last, First, Middle Initial)  Inter (Specify)  Inter	MN 56401  C  Occupation President and Chie  Aggregate Year-to-Date  State Zip Cot AL 36617	Executive Officer  275.00	Amount of Each Receipt this Period  25.00  Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
inumber of contributing olitical committee.  Employer I Health St. Josepcal C For: mary General Inter (specify)  Inter (specify)  Inter (Last, First, Middle Initial)  Inter (Last, First, Middle Initial)  Inter (Specify)  Inter	Occupation President and Chie Aggregate Year-to-Date  State Zip Contact AL 36617:	Executive Officer e  275.00	Date of Receipt  M M / D D / Y Y Y Y Y  0 6 28 2011  Transaction ID: 19200536  Amount of Each Receipt this Period
Employer I Health St. Josep- cal C For: mary General ner (specify)   Ite (Last, First, Middle Initial) ey K Hammack Indicates 2451 Fillingim Street  Street Contributing olitical committee.	Occupation President and Chie Aggregate Year-to-Date  State Zip Contact AL 36617:	275.00 de	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
cal C For: mary General ner (specify)   le (Last, First, Middle Initial) ley K Hammack	President and Chie Aggregate Year-to-Date  State Zip Contact AL 36617	275.00 de	Date of Receipt  M M M / D D M 2 8 2 0 1 1  Transaction ID: 19200536  Amount of Each Receipt this Period
For: mary General mer (specify)   General mer (specify	Aggregate Year-to-Date  State Zip Cod AL 36617	275.00 de	Date of Receipt  M M M / D D M 2 8 2 0 1 1  Transaction ID: 19200536  Amount of Each Receipt this Period
ner (specify)   le (Last, First, Middle Initial) ley K Hammack  Address 2451 Fillingim Street  number of contributing olitical committee.	AL 36617	de	Transaction ID: 19200536  Amount of Each Receipt this Period
ey K Hammack Address 2451 Fillingim Street  number of contributing olitical committee.	AL 36617		Transaction ID: 19200536  Amount of Each Receipt this Period
number of contributing olitical committee.	AL 36617		Transaction ID: 19200536  Amount of Each Receipt this Period
olitical committee.	AL 36617		Amount of Each Receipt this Period
olitical committee.	C	2238	
olitical committee.			1000.00
	_		
Employer ry of South Alaba- oitals	Occupation Vice President		1
For:	Aggregate Year-to-Date	e <b>▼</b>	
mary General ner (specify) ♥		1000.00	
ne (Last, First, Middle Initial) chael Horsley			Date of Receipt
Address 8107 Henslow Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	·	le	Transaction ID: 19200537
	AL 36117	7475	Amount of Each Receipt this Period
	C		1000.00
Employer I Hospital Associat-	Occupation President and Chie	Executive Officer	
	Aggregate Year-to-Date	e ▼	
	0 0 0 0	1000.00	
			2025.00
	number of contributing political committee.  Employer a Hospital Associat-  For: Imary General ther (specify)   L of Receipts This Page (optional)	number of contributing olitical committee.  Employer a Hospital Associat-  For: Imary General  AL 36117-  C  Occupation President and Chief	number of contributing olitical committee.  C  Employer a Hospital Associat-  For: Imary General  AL 36117-7475  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Linda U Jordan  Mailing Address P O Box 1270  City  Ashland  FEC ID number of contributing federal political committee.	State AL	Zip Code 36251-1270	Date of Receipt    M M
	Name of Employer Clay County Hospital  Receipt For: Primary General Other (specify)	Occupation Administration Adgregate		
В.	Full Name (Last, First, Middle Initial) Dr Roger Leonard, MD Mailing Address 11706 Split Tree Circle	) }		Date of Receipt  0 6 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: 19200568
	Potomac	MD	20854-2880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		255.00
	Name of Employer Montgomery General Hospit- al		sident Medical Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
- ).	Full Name (Last, First, Middle Initial) Ms. Joanne E Pollak, JD Mailing Address 733 North Broadway, E	BRB 104		Date of Receipt  0 6 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: 19200580
	Baltimore	MD	21205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		510.00
	Name of Employer Johns Hopkins Health Syst- em	. '	sident and General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
	SUBTOTAL of Receipts This Page (optional)			1765.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 117 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		
Mr. Michael K Kerner  Mailing Address 150 Kingsley Lane		Date of Receipt
City	State Zip Code	0 6 3 0 2 0 1 1 Transaction ID: 19209902
Norfolk	VA 23505-4602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Bon Secours-DePaul Medical Center	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey P King		Date of Receipt
Mailing Address 925 Ditchley Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19210203
Virginia Beach	VA 23451-3740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Healthcare	Occupation General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Donna Littlepage		Date of Receipt
Mailing Address PO Box 25		06 30 2011
City	State Zip Code	Transaction ID: 19210206
Roanoke	VA 24002-0025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Clinic	Occupation Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. H. Patrick Walters  Mailing Address 8323 Private Line  City Annandale  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For: Primary General Other (specify)	State Zip Code VA 22304-1594  C  Occupation Vice President, Administration  Aggregate Year-to-Date  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19210208  Amount of Each Receipt this Period  350.00
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins  Mailing Address 6180 Lower Mountain  City New Hope  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify)	Road  State Zip Code PA 18938  C  Occupation Sr. VP., Health Economics  Aggregate Year-to-Date  212.93	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 7 2 0 1 1  Transaction ID: 19230930  Amount of Each Receipt this Period  20.42
Full Name (Last, First, Middle Initial) Mr. Michael Taylor Mailing Address 533 Kings Grant Road City Virginia Beach FEC ID number of contributing federal political committee.  Name of Employer Sentara Healthcare  Receipt For:  Primary General Other (specify)	State Zip Code VA 23452-7051  C  Occupation Vice President  Aggregate Year-to-Date  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19230938  Amount of Each Receipt this Period  350.00
SUBTOTAL of Receipts This Page (optional) .	<b>•</b>	720.42

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 117 (check only one)    X   11a
4	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	<b>N</b>		06 7 30 7 2011
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR1045726225183
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt		ice President & General Cou	nse
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. David Schulke			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		06 30 7 9 9 9
	City	State	Zip Code	Transaction ID: PR1057462125183
	Washington  FEC ID number of contributing federal political committee.	C	20004-2801	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt	<u> </u>	arch Programs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. James Wadzinski			Date of Receipt
	Mailing Address One North Franklin			0 6 3 0 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1347703425183
	Chicago  FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident Account Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			200.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
2	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay  Mailing Address One North Franklin			Date of Receipt
	Mailing Address One North Franklin			06 30 2011
	City	State	Zip Code	Transaction ID: PR1347703625183
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident & CIO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Mr. Mark Colucci			Date of Receipt
	Mailing Address 1061 N Penny Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1475133725183
	Palatine	IL	60067-1821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation National	n Director Sponsorship and U	Inde
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
_ :.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake			Date of Receipt
	Mailing Address One North Franklin			06 30 7 2011
	City	State	Zip Code	Transaction ID: PR1492459925183
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		81.66
	Name of Employer American Hospital Associa- tion-Chicago	<del>, '</del>	Executive Director - ASHH	IRA
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Dadwation (640.00 B)
	Other (specify)	0 0	469.21	P/R Deduction (\$40.83 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		161.66

ITEM	EDULE A (FEC Form 3X) ZED RECEIPTS	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 117 (check only one)    X   11a
or for co	mmercial purposes, other than using the E OF COMMITTEE (In Full) erican Hospital Association PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
Ms. L	Name (Last, First, Middle Initial) isa Grabert ng Address 325 Seventh Street, NV	N.		Date of Receipt
	ng Address 325 Seventh Street, NV Suite 700	V		06 30 2011
City		State	Zip Code	Transaction ID: PR1671258625183
·	shington	DC	20004-2801	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		80.00
<u>tion-\</u>	e of Employer rican Hospital Associa- Washingt ipt For:		ssociate Director, Policy	
Nece	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Name (Last, First, Middle Initial) obert P. David			Date of Receipt
Mailii	ng Address One North Franklin			0 6 3 0 7 Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR1677512425183
<u>Chic</u>	eago	<u> L</u>	60606-3436	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		80.00
Ame tion-(	e of Employer rican Hospital Associa- Chicago ipt For:		n Executive e Year-to-Date ▼	
	Primary General Other (specify) ▼	riggregate	480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Name (Last, First, Middle Initial) rik Rasmussen			Date of Receipt
Mailii	ng Address 325 Seventh Street, NV Suite 700	V		06 30 7 2011
City		State	Zip Code	Transaction ID: PR1819487925183
· · · · · · · · · · · · · · · · · · ·	shington	DC	20004-2801	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		80.00
tion-\	e of Employer rican Hospital Associa- Washingt		ssociate Director	
Hece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTO	DTAL of Receipts This Page (optional)			240.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Linda Fishman  Mailing Address 325 Seventh Street,		Date of Receipt  0 6 3 0 2 0 1 1
Suite 700 City	State Zip Code DC 20004-2818	Transaction ID: PR327629125183
Washington  FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  80.00
Name of Employer American Hospital Association-Washingt Receipt For:  Primary General  Other (specify) ▼	Occupation Senior Vice President, Public Policy Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue  Mailing Address 122 N. Greenwood	Avenue	Date of Receipt
City	State Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR327771625183
Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
Mailing Address 1022 S. Harvey Ave	nue	06 30 2011
City	State Zip Code	Transaction ID: PR327777825183
Oak Park  FEC ID number of contributing federal political committee.	IL 60304-2132	Amount of Each Receipt this Period  80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	)	200.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 117 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commerci	al purposes, other than using the OMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American	Hospital Association PAC			
	ast, First, Middle Initial)			8. (8
Mr. Neil J. Je Mailing Addr	suele ess 1003 Kimberly Place			Date of Receipt
	1005 Milliberry Flace			06 30 2011
City		State	Zip Code	Transaction ID: PR327801725183
Great Falls		VA	22066-1546	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		40.00
Name of Em	ployer ospital Associa-	Occupatio		
tion-Washin	gt		e Vice President	_
Receipt For: Primar	y General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$20.00 Bi
	(specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
	ast, First, Middle Initial) austin Thompson, RN, MSN			Date of Receipt
Mailing Addr	ess 325 Seventh Street, I	NW		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Suite 700	State	Zip Code	Transaction ID: PR327812025183
Washingto	n	DC	20004-2818	Amount of Each Receipt this Period
FEC ID num federal politic	ber of contributing cal committee.	С		80.00
Name of Em	ployer ospital Associa-	Occupatio	n	
tion-Washin	gt	-, '	ecutive Officer, AONE & Sr.	<u>Vi</u>
Receipt For: Primar	v General	Aggregate	e Year-to-Date ▼	1 2/2 2 1 1/2 (242 22 2)
	(specify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (L Ms. Joan H. L	ast, First, Middle Initial)			Date of Receipt
Mailing Addr		eet		M M / D D / Y Y Y Y
City		State	Zip Code	0 6 3 0 2 0 1 1 Transporting ID: PD227921725192
Arlington		VA	21p Code 22205-3408	Transaction ID: PR327831725183  Amount of Each Receipt this Period
	ber of contributing			
federal politic	cal committee.	C		40.00
Name of Em American Ho	ployer ospital Associa-	Occupatio		
tion-Washin Receipt For:	gt <sup>*</sup>	_ · · · · _	Executive	_
Primar	y General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
Other	(specify) ▼		240.00	Weekly)
	Receipts This Page (optional)	1		160.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 79 / 117 (check only one)    X   11a
Ar	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin Stre		7: 0.1.	06 30 2011
	Chicago	State IL	Zip Code 60606	Transaction ID: PR327846225183  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)	Occupation Vice Presider Aggregate Yea	nt, Meetings & Travel Se r-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)
 3.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NV Apt. 1008	N		06 30 7 2011
	City		Zip Code	Transaction ID: PR327851925183
	Washington  FEC ID number of contributing federal political committee.	C	20008-2614	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt		cy Development	
	Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		06 30 7 2011
	City		Zip Code	Transaction ID: PR327858025183
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Presider	nt, Political Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	ne (crieck only one)
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by a e name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Ľ	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Millis	State Zip Code MA 60606-3436	Transaction ID: PR327877825183
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive Aggregate Year-to-Date	
	Primary General Other (specify) ▼	480.	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
	Mailing Address 130 North Garland Co #3002	ourt	0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: PR327895725183
	Chicago  FEC ID number of contributing federal political committee.	IL 60602-4750	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa-	Occupation	
	tion-Chicago ' Receipt For:	Vice President  Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate real-to-Date 480.	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW	06 30 2011
	City	State Zip Code	Transaction ID: PR328132825183
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation President and Chief Executive	Officer
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SURTOTAL of Receipts This Page (optional)		240.00

ITE	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
\. <u> </u>	Full Name (Last, First, Middle Initial)  Ms. Barbara Lorsbach			Date of Receipt
N	Mailing Address 204 7th Ave			06 30 2011
	City	State	Zip Code	Transaction ID: PR328136925183
_	_a Grange	<u>IL</u>	60525-6406	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		80.00
	Name of Employer American Hospital Associa- ion-Chicago	Occupation Sr. Vice I	n President, Member Relation:	s
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
N	Mailing Address 5545 North Wayne			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: PR328223825183
_	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		80.00
<i>t</i>	Name of Employer American Hospital Associa- ion-Chicago	Occupation Vice Pres		
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell			Date of Receipt
N	Mailing Address 1093 N. Faldo Way			06 30 2011
	City	State	Zip Code	Transaction ID: PR328241425183
_	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		40.00
<u>t</u>	lame of Employer American Hospital Associa- ion-Chicago	<del>, '                                     </del>	Executive	
F	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
	BTOTAL of Receipts This Page (optional)	I		200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 117 (check only one)    X
A C	any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Z.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 3475 North Venice Str	reet		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Arlington	State VA	Zip Code 22207-4446	Transaction ID: PR328260925183  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		06 30 7 2011
	City	State	Zip Code	Transaction ID: PR328341825183
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot	1
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			06 30 7 2011
	City	State	Zip Code	Transaction ID: PR328511825183
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	<del>, '                                   </del>	I Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 83 / 117 (check only one)    X
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 1501 N. Harrison Stree		7. 0. 1	06 30 2011
	City Arlington		Zip Code 22205-2726	Transaction ID: PR328512025183  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice P	resident, Communication	ons
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) Mr. George Arges			Date of Receipt
	Mailing Address One North Franklin St.			0 6 3 0 Y Y Y Y Y
	City		Zip Code	Transaction ID: PR328641125183
	Chicago  FEC ID number of contributing federal political committee.	C	60606	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago		or, Health Data Manage	m <sub>e</sub> n
	Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date <b>▼</b> 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke			Date of Receipt
	Mailing Address One North Franklin Ave	).		0 6 3 0 Y Y Y Y Y
	City		Zip Code	<b>Transaction ID:</b> PR328913325183
	Chicago FEC ID number of contributing federal political committee.	C	60606	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	-	EO, AHA Solutions, Inc	D. &
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			160.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 117 (check only one)    X
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political committee to s	solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt
	Mailing Address One North Franklin Str	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State Zip Code IL 60606	Transaction ID: PR329013425183  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation SPSA Director  Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$20.00 Bi-Weekly)
- В.	Full Name (Last, First, Middle Initial) Dr. John R. Combes Mailing Address One North Franklin		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR329071325183
	Chicago  FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President & Chief Operating Officer, C Aggregate Year-to-Date  480.00	P/R Deduction (\$40.00 Bi-Weekly)
С.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke Mailing Address 325 Seventh Street, N	N	Date of Receipt
	Suite 700	State Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR329084425183
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary Other (specify)	Occupation Senior Associate Director Aggregate Year-to-Date  240.00	P/R Deduction (\$20.00 Bi- Weekly)
			160.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 117 (check only one)    X   11a
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
•	Mailing Address 500 Interstate Bouleval	rd South		0 6 3 0 Y Y Y Y Y
	City Nashville	State TN	Zip Code 37210-4634	Transaction ID: PR329215725183  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary  Other (specify) ▼	,	ional Executive  Year-to-Date ▼  480.00	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman  Mailing Address One North Franklin			Date of Receipt
	City	State	Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR330343325183
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago		rector Member Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt			Date of Receipt
	Mailing Address One North Franklin			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: PR330411625183
	Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate	n e Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			160.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 117 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
	Mailing Address 4960 138th Circle Wes	t	06 30 2011
	City	State Zip Code	Transaction ID: PR330475425183
	Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$40.00 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		0 6 3 0 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR330547725183
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Strategic Planning	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	B/B B
	Other (specify)	240.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
•	Mailing Address 172 Atteridge		0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: PR330549225183
	<u>Lake Forest</u>	IL 60045-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituency Section	n
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	D/D Dodustics (640.00 Di
	Other (specify)	480.00	P/R Deduction (\$40.00 Bi- Weekly)
	LIPTOTAL of Possints This Page (entianel)		200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 8//11/   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		a coo or any pointed committee of	
Full Name (Last, First, Middle Initial) Mr. Anthony Spohn			Date of Receipt
Mailing Address 3219 N. Oriole			0 6 3 0 2 0 1 1
City Chicago	State IL	Zip Code 60634-3232	Transaction ID: PR331098325183  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary  General  Other (specify) ▼		n e Director, Associate Member e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush Mailing Address 26 West Glendale Av	/e.		Date of Receipt  0 6 3 0 2 0 1 1
City	State	Zip Code	Transaction ID: PR331304225183
Alexandria FEC ID number of contributing federal political committee.	C	22301-2402	Amount of Each Receipt this Period  80.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General Other (specify) ▼	<del></del>	n Advocacy and Public Policy e Year-to-Date ▼ 480.00	Op P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
Mailing Address 521 Great Falls St.			0 6 3 0 2 0 1 1
City Falls Church	State VA	Zip Code	Transaction ID: PR331533225183
FEC ID number of contributing federal political committee.	C	22046-2613	Amount of Each Receipt this Period  80.00
Name of Employer American Hospital Association-Washingt Receipt For: Primary General		sident, Policy • Year-to-Date ▼	P/R Deduction (\$40.00 Bi-
Other (specify) ▼		480.00	Weekly)
SUBTOTAL of Receipts This Page (optional)			200.00

ITE	HEDULE A (FEC Form 3X)  MIZED RECEIPTS	tatamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 117 (check only one)    X   11a
or fo	information copied from such Reports and Sir commercial purposes, other than using the IAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
<b>4.</b> <u>N</u>	full Name (Last, First, Middle Initial) Ms. Elizabeth Summy Mailing Address One North Franklin			Date of Receipt  0 6 3 0 2 0 1 1
<u>C</u>	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR346168125183  Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	C		80.00
<u>ti</u>	lame of Employer American Hospital Associa- ion-Chicago Receipt For:  Primary General  Other (specify) ▼		osident, PMG  Year-to-Date ▼  480.00	P/R Deduction (\$40.00 Bi-Weekly)
3. <u>N</u>	full Name (Last, First, Middle Initial)  Ms. Megan Cundari  Mailing Address 325 Seventh Street, NV Suite 700	W		Date of Receipt  0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR518031925183
F	Washington EC ID number of contributing ederal political committee.	C	20004-2818	Amount of Each Receipt this Period  82.72
<u>ti</u>	lame of Employer American Hospital Associa- on-Washingt Receipt For: Primary General Other (specify)		ssociate Director Year-to-Date   462.32	P/R Deduction (\$41.36 Bi-Weekly)
<u>.</u>	full Name (Last, First, Middle Initial) Mr. Carlos Jackson Mailing Address 325 Seventh Street, NV	W		Date of Receipt
_	City	State	Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR566280925183
<u>v</u>	Vashington	DC	20004-2802	Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	С		40.00
<u>ti</u>	lame of Employer American Hospital Associa- on-Washingt Receipt For: Primary General Other (specify)		n e Director, Federal Relations e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)
SUI	BTOTAL of Receipts This Page (optional)			202.72

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 117
ITEMIZED RECEIPTS	<b>'</b>	for each category of the	(check only one)
II EIVIIZED RECEIP 13		Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
Mailing Address 606 S. Royal St.			06 30 7 2011
City	State	Zip Code	Transaction ID: PR766023725183
<u>Alexandria</u>	VA	22314-4142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	•		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR876637225183
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Legislative Affairs	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	80.00
TOTAL This Period (last page this line number only)	<b>•</b>	81336.83

Other (specify)

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 117 (check only one)  11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political committee to	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federa Mailing Address Post Office Box 8600  City Harrisburg	State Zip Code PA 17105-8600	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer	C C00128082	10075.00
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 100075.00	
Б.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park D PO Box 259038		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Madison  FEC ID number of contributing federal political committee.	State Zip Code WI 53725-9038  C C00422881	Transaction ID: 19193252  Amount of Each Receipt this Period  2600.00
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  2600.00	]
С.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park D PO Box 259038		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Madison  FEC ID number of contributing federal political committee.	State Zip Code WI 53725-9038  C C00422881	Transaction ID: 19200543  Amount of Each Receipt this Period  500.00
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	
	SUBTOTAL of Receipts This Page (optional)		13175.00
	TOTAL This Period (last page this line number of	only)	13175.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 117 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements mag	y not	t be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.				Date of Receipt
	Mailing Address 1400 G Street, NW				0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State		Zip Code	Transaction ID: 19230811
	Washington	DC		20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			72.81
	Name of Employer	Occupatio	n		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 465.50	Interest Earned
В.	Full Name (Last, First, Middle Initial) TD Bank				Date of Receipt
	Mailing Address 901 Seventh Street, NV	V			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State		Zip Code	Transaction ID: 19230812
	Washington	DC		20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-		188.59
	Name of Employer	Occupatio	n		
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 507.64	Interest Earned

SUBTOTAL of Receipts This Page (optional)		261.40
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TOTAL This Period (last page this line number only)	<b>•</b>	261.40

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check on	E NUMBER: PAGE 92 / 117
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	and and address of any pointed		onor contributions from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 19180792
Cooper For Congress			Date of Disbursement
Mailing Address 236 Massachusetts Av Suite 603	enue NE		06 07 / 2011
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement	20002		1000.00
Contribution		011	
Candidate Name Rep. Jim Cooper		Category/ Type	
Senate President	rsement For: 2012  X Primary General  Other (specify) ▼		Contribution
State: TN District: 05			
Full Name (Last, First, Middle Initial) Nadler For Congress			Transaction ID: 19180793 Date of Disbursement
			0 6 0 7 7 2 0 1 1
Mailing Address Village Station, PO Bo	x 40		00 07 2011
City New York	State Zip Code NY 10014		Amount of Each Disbursement this Period
Purpose of Disbursement	10011		1500.00
Contribution		011	
Candidate Name Rep. Jerrold L. Nadler		Category/ Type	
Senate President	xsement For: 2012 X Primary General Other (specify)		Contribution
State: NY District: 08  Full Name (Last, First, Middle Initial)			Transaction ID: 19180794
John Tierney For Congress			Date of Disbursement
Mailing Address 49 Federal Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Salem	State Zip Code MA 01970		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Contribution Candidate Name		011	
Rep. John F. Tierney		Category/ Type	
Office Sought:  X House Senate President State: MA District: 06	rsement For: 2012  X Primary General Other (specify) ▼		Contribution
otate. IVIA DISTRICT. 00			
			3500.00

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SCHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)			FOR LIN		-	R:			PA	GE	93 /	117	
ITEMIZED DISBURSEMENTS	for each		Γ	(check o	ly one) ☐ 22      23     24								1 26		
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and addre	ss of any politica	COII	rır	nittee to s	SOIIC	it contr	ibut	ions in	om s	such c	omr	nittee		
American Hospital Association PAC															
/															
Full Name (Last, First, Middle Initial)									ion ID:	-		795	;		
Bass Victory Committee								_	isburs	D	nτ / Υ	Y	Υ	Υ	
Mailing Address PO Box 3451							0 6			3	L	. 2	0 Ť	1	
•	State NH	Zip Code 03302					Amou	nt o	f Each	Dis	burse	-			od
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Contribution Candidate Name			C		011 tegory/										
Rep. Charles Bass					ype										
ů X	ment For: Primary Other (spe	2012 General ecify)					Contri	ibut	tion						
Full Name (Last, First, Middle Initial)							<b>T</b>		· ID		0400	700			
Michael Burgess For Congress									i <b>on ID</b> : isburs			796	)		
Mailing Address PO Box 2334							0 <sup>M</sup> 6	М	<sup>′</sup>	3	/ Y	ž	0 Ĭ	1 Y	
•	State TX	Zip Code 76202					Amou	nt o	f Each	Dis	burse	men	t this	Perio	od
Purpose of Disbursement Contribution	17.	7 0202	Г	_	011							10	00.00	<u>)</u>	
Candidate Name Rep. Michael C. Burgess, M.D.				a	tegory/ ype										
Office Sought:  X House Senate President  Disburse	ment For: Primary Other (spe	2012 General			7,60		Contri	ibut	tion						
State: TX District: 26  Full Name (Last, First, Middle Initial)											0.1.00				
Blumenauer For Congress								of D	isburs	eme					
Mailing Address 830 Ne Holladay, #105							0 <sup>M</sup> 6	М	<sup>′</sup>	3	/ <b>Y</b>	ž	0 1	1	
	State OR	Zip Code 97232					Amou	nt o	f Each	Dis	burse	men	t this	Perio	od
Purpose of Disbursement Contribution			Г	(	011		L.					10	00.00	Ď	
Candidate Name Rep. Earl Blumenauer					tegory/ ype										
	ment For: Primary Other (spe	2012 General ecify) ▼					Contri	ibut	tion						
State: OR District: 03		· · ·													
SUBTOTAL of Disbursements This Page (optional) .		<u></u>			<b>•</b>							350	0.00	)	

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

В.

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SCHEDULE B (FEC Form 3X)	Use separ	Jse separate schedule(s)					MBEF	₹:		PAGE 94/117				
ITEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page			ck on 21b	_	e) 22 [	Х	23	Γ	7 24	Г	25	<u></u>
					27	2	28a		28b		280		29	30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														3
NAME OF COMMITTEE (In Full)														
American Hospital Association PAC														
Full Name (Last, First, Middle Initial)  Matheson For Congress							ransa ate o				1918 nent	0798	}	
Mailing Address P.O. Box 521048						[	o <sup>M</sup> 6 <sup>N</sup>	И /	D	0 3	3 /	Ý Ž	0 1 1	Y
,	State UT	Zip Code 84152				A	mour	nt of	Eac	hΩ	isburs	-		
Purpose of Disbursement Contribution				011					1	•		15	00.00	
Candidate Name Rep. James D. Matheson				atego Type	·y/									
President	ment For: Primary Other (spec	2012 General				C	ontril	buti	ion					
State: UT District: 02  Full Name (Last, First, Middle Initial)						_			IF		1010	200		
Kurt Schrader For Congress							ate o		sburs	sen				Υ
Mailing Address PO Box 3314 Suite 240						-	0 6	_		0 3			0 1 1	
,	State OR	Zip Code 97045				Α	mour	nt of	Eacl	h C	isburs	emen	t this f	Period
Purpose of Disbursement Contribution				011				-				10	00.00	)
Candidate Name Rep. Kurt Schrader				atego Type	ry/									
Office Sought:  X House Senate President State: OR Disburse	ment For: Primary Other (spec	2012 General				C	ontril	buti	ion					
Full Name (Last, First, Middle Initial) Simpson For Congress							ransa Date o		-		1918	0800	)	
Mailing Address 1487 Parkway Drive							0 6 N			0 3		Y Ž	0 1 1	Y
	State	Zip Code				A	mour	nt of	Eac	h C	isburs	emen	t this f	Period
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Contribution Candidate Name Rep. Michael K. Simpson			Ca	011 atego Type	ry/									
	ment For: Primary Other (spec	2012 General				C	ontril	buti	ion					
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TOTAL This Period (last page this line number only)						Ī								

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN		-	R:		Р	AGE	95 /	117	
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	$\prod_{i=1}^{n}$	22 28a	X	23 28b	24 28c	F	25 29		26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name					ny persor		the pu		e of so	oliciting o	ontri	bution	s	1
NAME OF COMMITTEE (In Full)	TC and address	33 or any political	COIT		mileo to s	SOIIC	it conti	ibuti	0113 110	JIII 30011	COITI	TITLLOC		
American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Adrian Smith For Congress									sburse		0801	I		
Mailing Address 3321 Avenue I Suite 6							0 6	М	0	<b>3</b> /	YZ	2 0 1	1 Y	
City Scottsbluff	State NE	Zip Code 69361					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement Contribution				Ç	011			_			10	0.00	Ò	
Candidate Name Rep. Adrian Honorable Smith					egory/ ype									
Senate President	ement For: C Primary Other (spe	2012 General			•		Contri	ibut	ion					
State: NE District: 03  Full Name (Last, First, Middle Initial)							Trane	acti	on ID:	1918	1/116			
Treasure State PAC							Date o	of Di	sburse	ement			V	
Mailing Address PO Box 76187							0 <sup>M</sup> 6	М .	0	3 /	<sup>*</sup> 2	0 1	1 1	
City Washington	State DC	Zip Code 20013					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement 2011 Contribution				C	)11				-		50	0.00	)	
Candidate Name Treasure State PAC					egory/ ype									
Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼					2011	Cor	ntribut	tion				
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	1918	4436	3		
National Republican Senatorial Committe	е						М	of Di	sburse		γ ,	/ Y	Υ	
Mailing Address 425 Second Street, NE							0 6		0	<b>3</b> /	2	0 1	1	
City Washington	State DC	Zip Code 20002					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
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Candidate Name National Republican Senatorial Committe	e		Ca	at	egory/ ype									
Senate President	ement For: Primary Other (spe	General ecify) ▼					2011	Cor	ntribut	tion				
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	CHEDULE B (FEC Fori	m 3X)	Use sepa	arate schedule(s)		-	E NUMB	ER:		PAGE	96 / 1	17_
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	y Information copied from such Report for commercial purposes, other than											
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<u>/_</u>	Full Name (Last, First, Middle Initial Democratic Congressional Ca	,	mittee				1		ID: 191 ursement	84472	2	
	Mailing Address 430 South C	Capitol Street					0 6		03	Y Z	011	Y
	City Washington		State DC	Zip Code 20003			Amo	unt of Ea	ach Disbu			erio
	Purpose of Disbursement 2011 Contribution					)11				150	00.00	_
	Candidate Name Democratic Congressional Ca Office Sought: House	ampaign Com				egory/ ype	_					
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	State: District:  Full Name (Last, First, Middle Initial Rush Holt For Congress	<u> </u>  )							ID: 191 ursement	84510	)	
	Mailing Address PO Box 782	!					0 6	M /	03	ž	011	Υ
	City Pennington		State NJ	Zip Code 08534			Amo	unt of Ea	ach Disbu	rsemen	t this P	erio
	Purpose of Disbursement Contribution					)11				10	00.00	
	Candidate Name Rep. Rush D. Holt					egory/ ype						
	Office Sought:  X House Senate President State: NJ District: 12		nent For: Primary Other (spe	2012 General ecify) ▼			Cont	ributior	1			
	Full Name (Last, First, Middle Initial Lance For Congress	1)					Date	of Disbu	ID: 191 ursement			
	Mailing Address PO Box 225						0 6	M /	03	ž	0 1 1	
	City Colonia		State NJ	Zip Code 07067			Amo	unt of Ea	ach Disbu			eric
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	Purpose of Disbursement Contribution				_	)11						
	Contribution Candidate Name Rep. Leonard Lance				Cat	egory/ ype						
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		(FEC FOIII	•		arate schedule(s)			R LINE I leck only		п.		L	AGL	97 / 1	1/
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	II For Co	First, Middle Initial) ongress P.O. Box 640							Date o		isburse	191 ement		) Ž 0 Ť 1	Y
City Totowa				State NJ	Zip Code 07511				Amou	nt o	f Each	Disbur	semei	nt this F	eriod
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		Pascrell, Jr.	Disburs	ement For:	2012		ateg Typ	-	Contr	ihut	ion				
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Mailing /	Address	PO Box 476							0 <sup>M</sup> 6	M	0	<b>3</b> /	Y 2	2011	Y
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<b>IT</b>	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\Box$	21b 27	22 28a	X 23	-	24 28c	25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)										
V	American Hospital Association PAC										
	Full Name (Last, First, Middle Initial) Friends Of John Barrasso  Mailing Address PO Box 52008					Date o		ID: 1 urseme	ent	162 2 0 1	1 Y
		State Zip Code				Amou	nt of E	oob Die	huraa	ment this	. Porior
	City Casper	WY 82605	_			Amou	nt or Ea	ach dis	sburse		
	Purpose of Disbursement Contribution Candidate Name		_	011 atego	ory/	L.				1000.	00
		ement For: 2012  Primary General Other (specify)		Type		Contri	butior	1			
	Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee  Mailing Address P.O. Box 395					Date o		ID: 1 urseme		221 Ž 0 i	1 Y
	City Wrentham Purpose of Disbursement	State Zip Code MA 02903				Amou	nt of Ea	ach Dis	burse	ment this	
	Contribution Candidate Name Sen. Scott Brown		Ca	011 atego Type	•		•	•			•
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	Full Name (Last, First, Middle Initial) Bob Corker For Senate					Date o	of Disbu	ID: 1 urseme			
	Mailing Address 518 Georgia Ave 2nd Fl	oor				0 <sup>M</sup> 6	М /	10		ž 0 i	1
	City Chatanooga	State Zip Code TN 37403				Amou	nt of Ea	ach Dis	burse	ment this	s Perio
	Purpose of Disbursement Contribution			011		L.	• •			1000.	00
	Candidate Name			atego Type							
	Sen. Robert Corker										
	Office Sought: House Disburs	ement For: 2012 Primary General Other (specify)	-			Contri	bution	1			

	CHEDULE B (FEC Form 3)	' Use sep	arate schedule(s)		IE NUMBER: PAGE 99 / 117
IT	EMIZED DISBURSEMENT	<b>S</b> for each	category of the Summary Page	21b	22 X 23 24 25
An	y Information copied from such Reports ar	nd Statements may n	ot be sold or used	d by any persor	28a 28b 28c 29 n for the purpose of soliciting contributions
or	for commercial purposes, other than using	the name and addre	ess of any political	committee to	solicit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAG	C			
	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc				Transaction ID: 19187274 Date of Disbursement
	Mailing Address 175 South West	Temple Suite 650	1		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Salt Lake City	State UT	Zip Code 84101		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	2000.00
	Candidate Name Sen. Orrin G. Hatch	Disbursement For:	2012	Category/ Type	
	X Senate President	X Primary Other (spe	General		Contribution
	State: UT District: Full Name (Last, First, Middle Initial)				Transaction ID: 19187304
	Friends Of Dick Lugar Inc				Date of Disbursement
	Mailing Address PO Box 55952				06 7 10 7 2011
	City Indianapolis	State IN	Zip Code 46205		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Sen. Richard G. Lugar			Category/ Type	
	X Senate President	Disbursement For:  X Primary Other (spe	2012 General ecify)		Contribution
	State: IN District: Full Name (Last, First, Middle Initial)				Transaction ID: 19187320
	Snowe For Senate				Date of Disbursement
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City Wilm	nington			State DE	Zip Code 19899				Amou	ınt of	Each	Disbu	ırseme	nt this I	Perio
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American Hospital Association PAC																
Full Name (Last, First, Middle Initial) Kind For Congress Committee							Date of	of Di	sburse							
Mailing Address 205 5th Avenue South Suite 428							0 <sup>M</sup> 6	М	2	1 /	Y 2	2 0 1	1 Y			
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LoBiondo For Congress							Date	of Di	sburse	ement			_			
Mailing Address P.O. Box 550							0 <sup>M</sup> 6	М	2	<sup>D</sup> /	Y 2	2 0 1	1			
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Candidate Name Rep. Frank A. LoBiondo					egory/ ype											
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State: NJ District: 02  Full Name (Last, First, Middle Initial)										1001	4041					
America Works PAC							Date of	of Di	sburse							
Mailing Address PO BOX 76187							0 <sup>M</sup> 6	M	<sup>D</sup> 2	D /	Y	2 0 1	1 )			
City Washington	State DC	Zip Code 20013					Amou	nt of	Each	Disburs	emer	nt this	Period			
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/	American Hospi	tal Association P	AC											
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	Mailing Address	499 South Cap Suite 422							0 <sup>M</sup> 6	M /	21	/ Y	ž 0 1 1	Y
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	Mailing Address	209 Pennsylva	nia Avenue	e SE					0 <sup>M</sup> 6	M /	<sup>D</sup> 2 1	/ Y	ž 0 1 1	Y
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	Full Name (Last, Fi VINEPAC: Victo	rst, Middle Initial) ry in November I	Election PA	AC					Date	of Disb	ID: 19 ursemen	t		_
	Mailing Address	700 Thirteenth Suite 600	Street, NV	V					0 <sup>M</sup> 6	M /	21	/ Y	ž 0 1 1	Y
	City Washington			State DC	Zip Code 20005				Amo	unt of E	ach Disb			-
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							on for the purpose of soliciting contributions solicit contributions from such committee
$\left.\right\rangle$	NAME OF COMMIT American Hospita	TEE (In Full)		and addic	oo or arry pointed		SOLOR CONTIDUTORS FROM SOLOR COMMITTEE
	Full Name (Last, First Daniel Webster for						Transaction ID: 19212143 Date of Disbursement
	Mailing Address	3400 Old Winte	r Garden R	Road			06 7 21 7 2011
	City Orlando		St F	ate L	Zip Code 32805		Amount of Each Disbursement this Per
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	Rep. Daniel Web	ster ( House	Disbursem	ent For:	2012	ategory/ Type	
		Senate President	XF	Primary Other (spe	General		Contribution
	State: FL D  Full Name (Last, First Davis For Congre		avis				Transaction ID: 19212206 Date of Disbursement
	Mailing Address	5956 W. Race <i>F</i>	Avenue				06 / 21 / 2011
	City Chicago		St IL	ate	Zip Code 60644		Amount of Each Disbursement this Per
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	Candidate Name Rep. Danny K. Da	avis				ategory/ Type	
		House Senate President istrict: 07		ent For: Primary Other (spe	2012 General ecify) <b>V</b>		Contribution
	Full Name (Last, Firs Jesse Jackson Jr	. ,					Transaction ID: 19212284 Date of Disbursement
	Mailing Address	P.O. Box 49028	6				06 7 21 7 2011
	City Chicago		St IL	ate -	Zip Code 60649		Amount of Each Disbursement this Per
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	Candidate Name Rep. Jesse L. Jac					ategory/ Type	
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		P	PAGE 110/117				
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American Hospital Association PAC															
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Mailing Address 51 Gleneida Avenue							0 6					201			
City Carmel	State NY	Zip Code 10512					Amou	nt of	f Each	Disburse	emer	nt this	Period		
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Candidate Name Rep. Nan Hayworth			Ca	at	egory/ ype										
Office Sought:  X House Senate President  Disburs	ement For: C Primary Other (spe	2012 General		•	ypo		Contri	ibut	ion						
State: NY District: 19  Full Name (Last, First, Middle Initial)															
Pete King For Congress Committee									on ID: sburse	19212 ement	2442	2			
Mailing Address Post Office Box 1428							0 <sup>M</sup> 6	M	<sup>D</sup> 2	1 /	ÝŽ	0 1	1 Y		
City Seaford	State NY	Zip Code 11783					Amou	nt of	f Each	Disburs	emer	nt this	Period		
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Candidate Name Rep. Peter T. King					egory/ ype										
Senate President	ement For: C Primary Other (spe	2012 General			-		Contri	ibut	ion						
State: NY District: 03  Full Name (Last, First, Middle Initial)							_								
Scott Rigell For Congress							Date	of Di	sburse						
Mailing Address 915 First Colonial Road Suite 100							0 <sup>M</sup> 6	M	<sup>D</sup> 2	1 /	2	0 1	1 Y		
City Virginia Beach	State VA	Zip Code 23454					Amou	nt of	f Each	Disburse	emer	nt this	Period		
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Candidate Name Rep. Edward Scott Rigell			Ca	at	egory/ ype										
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	<u> </u>	oital Association Pa	AC												
	ull Name (Last, F riends Of Joe	First, Middle Initial) Heck									ion ID:	: 192 ement	12828	3	
M	failing Address	PO Box 750114	ļ						0 <sup>M</sup> 6	М	/ D2	27	YZ	2 0 1 1	Υ
	city as Vegas			State NV	Zip Code 89136				Amo	unt c	of Each	Disbur			-
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	andidate Name Rep. Joe Heck						atec Typ	gory/ oe							
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	ity Media			State PA	Zip Code 19063				Amo	unt c	of Each	Disbur			-
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_	andidate Name Rep. Patrick Me	eehan					ateç Typ	gory/ be							
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NAME OF COMMITTEE (In Full)	is and dad occ or any pointed o						
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Pat Roberts for Senate			Transaction Date of Disbu		639		
Mailing Address PO Box 433			06	27	ž 0 1	1 1 Y	
City Great Bend	State Zip Code KS 67530		Amount of Ea	ach Disburse	ment this	s Peri	od
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Candidate Name Sen. Pat Roberts	'	Category/ Type					
9 🗎	ement For: 2014 Primary General Other (specify)		Contribution	ı			
Full Name (Last, First, Middle Initial)			Transaction		859		
AMERIPAC: The Fund for a Greater Amer	rica		Date of Disbu		, , , , ,	/ ° Y ]	
Mailing Address 700 Thirteenth Street, N Suite 600	W		0 6	<sup>D</sup> 27 /	2 0 i	1	ı
City Washington	State Zip Code DC 20005		Amount of Ea	ach Disburse		-	od
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Candidate Name AMERIPAC: The Fund for a Greater Amer	rica	Category/ Type					
Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼		2011 Contrib	bution			
Full Name (Last, First, Middle Initial)			Transaction	ın∙ 19213	976		
Freedom Fund			Date of Disbu	ursement	370		
Mailing Address 128 N. Columbus Street			06 4	27	žoi	1 1	
City Alexandria	State Zip Code VA 22314		Amount of Ea	ach Disburse			od
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Senate President	ement For: Primary General Other (specify)		2011 Contrib	bution			
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,		
<b>/</b>	Full Name (Last, First, Middle Initial) Victory Now!				Transaction ID: 19214089 Date of Disbursement
	Mailing Address 10605 Concord Stree Suite 202	 et			0 6 M / 2 7 / 2 0 1 1 Y
	City Kensington	State MD	Zip Code 20895		Amount of Each Disbursement this Period
	Purpose of Disbursement 2011 Contribution			011	1000.00
	Candidate Name Victory Now!  Office Sought: House Disb	oursement For:		Category/ Type	_
	Senate President	Primary Other (spe	General <b>▼</b>		2011 Contribution
	State: District:  Full Name (Last, First, Middle Initial)  Doyle For Congress Committee				Transaction ID: 19214118 Date of Disbursement
	Mailing Address 205 Hawthorne Court	t			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & T \end{smallmatrix} \end{bmatrix} $
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	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name			Category/	
	Rep. Michael F. Doyle			Type	
	Rep. Michael F. Doyle	oursement For:  X Primary  Other (spe	2012 General ecify)	Туре	Contribution
	Rep. Michael F. Doyle  Office Sought:  X House Senate President	X Primary	General	туре	Transaction ID: 19214244 Date of Disbursement
	Rep. Michael F. Doyle  Office Sought: X House Senate President State: PA District: 14  Full Name (Last, First, Middle Initial)	X Primary	General	гуре	Transaction ID: 19214244
	Rep. Michael F. Doyle  Office Sought:  X House Senate President  State: PA  District: 14  Full Name (Last, First, Middle Initial)  Latta For Congress	X Primary	General	гуре	Transaction ID: 19214244 Date of Disbursement  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rep. Michael F. Doyle  Office Sought:  X House Senate President State: PA  District: 14  Full Name (Last, First, Middle Initial) Latta For Congress  Mailing Address  P.O. Box 106  City Bowling Green  Purpose of Disbursement Contribution	X Primary Other (spe	General ecify) ▼  Zip Code	Q11	Transaction ID: 19214244 Date of Disbursement  O 6
	Rep. Michael F. Doyle  Office Sought:  X House Senate President  State: PA District: 14  Full Name (Last, First, Middle Initial) Latta For Congress  Mailing Address P.O. Box 106  City Bowling Green  Purpose of Disbursement Contribution Candidate Name Rep. Robert Latta	X Primary Other (spe	General ecify) ▼  Zip Code 43402		Transaction ID: 19214244 Date of Disbursement  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rep. Michael F. Doyle  Office Sought:  X House Senate President  State: PA District: 14  Full Name (Last, First, Middle Initial) Latta For Congress  Mailing Address P.O. Box 106  City Bowling Green  Purpose of Disbursement Contribution  Candidate Name Rep. Robert Latta	X Primary Other (spe	General ecify) ▼  Zip Code 43402  2012  General	011 Category/	Transaction ID: 19214244 Date of Disbursement  O 6 P 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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$ \rangle$	American Hospital Association PAC														
-	Full Name (Last, First, Middle Initial) Betty Sutton For Congress										192 ment	143	86		
	Mailing Address 1700 W Market St #155						o <sup>M</sup> ε	М	′	<sup>D</sup> 2	7	Y	ž 0	1 <sub>1</sub>	Y
	City Akron		Code 1313				Amo	unt c	of Ea	ech I	Disbur				eriod
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	Candidate Name Rep. Betty S. Sutton				ateg Typ	-									
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	State: OH District: 13  Full Name (Last, First, Middle Initial)						Tran	sact	ion	ID:	192	309	26		
	Chris Gibson For Congress						Date	of D	isbu	ırseı	ment				_
	Mailing Address PO Box 247						0 6	М	/	<sup>D</sup> 3	0 /	Y	ž 0	11	Y
	City Kinderhook		Code 2106				Amo	unt c	of Ea	ch I	Disbur	sem	ent t	his P	erio
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	Full Name (Last, First, Middle Initial) McKinley For Congress										192 ment	309	27		
	Mailing Address 32 20th Street						0 6	М	′	<sup>D</sup> 3	0 /	Y	ž 0	11	Y
	City Wheeling		Code 6003				Amo	unt c	of Ea	ch I	Disbur				-
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	Candidate Name Rep. David McKinley				ateg Typ										
	Senate X President	ement For: Primary Other (specify)	2012 General				Cont	ribu	tion	I					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: (check only one)	PAGE 115/117
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NAME OF COMMITTEE (In Full)			_
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)		Transaction ID:	19230929
Wicker For Senate		Date of Disburse	
Mailing Address PO Box 64		06 1	0 / 2011
City Jackson	State Zip Code MS 39205	Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011	500.00
Candidate Name Sen. Roger Wicker		ategory/ Type	
X Senate X President	ement For: 2012 Primary General Other (specify)	Contribution	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINI	E NUMBER: PAGE 116/117
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) American Express  Mailing Address Ste. 001			Transaction ID: 19230799 Date of Disbursement  O 6
City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Disburse	ement For:	001 Category/ Type	63.38
Senate President State: District:  Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼		Merchant Fees
Newtek Merchant Solutions  Mailing Address 744 N 4th Street			Transaction ID: 19230800  Date of Disbursement  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milwaukee	State Zip Code WI 53203		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/ Type	87.40
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Merchant Fees
Full Name (Last, First, Middle Initial) Paymentech			Transaction ID: 19230804 Date of Disbursement
Mailing Address 14221 Dallas Parkway Building Two			06 7 06 7 2011
City Dallas Purpose of Disbursement	State Zip Code TX 75254		Amount of Each Disbursement this Period  102.53
Merchant Fees Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Merchant Fees
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 117/117
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 19230805
Citibank, F.S.B.			Date of Disbursement
Mailing Address 1400 G Street, NW			06
,	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee		001	0.27
Candidate Name	C	Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		Bank Fee
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	0.27
TOTAL This Period (last page this line number only)	•	253.58