



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1836473.19
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	2339470.10									
(c) Total Receipts (from Line 19) .....	132614.30	968765.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2472084.40	2805238.54								
7. Total Disbursements (from Line 31) .....	127753.58	460907.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2344330.82	2344330.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	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) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	119177.90	492282.69
12. Transfers From Affiliated/Other Party Committees .....	13175.00	468675.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1334.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	261.40	973.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	132614.30	968765.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	132614.30	968765.35

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	253.58	3157.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	253.58	3157.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	127500.00	457750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	127753.58	460907.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127753.58	460907.72

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 117  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 7800 South Eagle Road

City State Zip Code  
Columbia MO 65203-9017

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

Name of Employer Missouri Hospital Association  
Occupation Senior VP, Commc. & Health Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.75

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19176828

Amount of Each Receipt this Period  
43.75

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code  
Lohman MO 65053-9353

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

Name of Employer Missouri Hospital Association  
Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19176869

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code  
Jefferson City MO 65109-9782

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

Name of Employer Missouri Hospital Association  
Occupation Sr. Vice President, Governmental Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19176872

Amount of Each Receipt this Period  
62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **231.25**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City State Zip Code  
Jefferson City MO 65101-8284

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

Name of Employer Missouri Hospital Association  
Occupation Senior Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.75

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19176894

Amount of Each Receipt this Period  
43.75

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

Mailing Address 2906 Valley View Terrace

City State Zip Code  
Jefferson City MO 65109-1069

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

Name of Employer Missouri Hospital Association  
Occupation Senior Vice President & General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.75

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19176902

Amount of Each Receipt this Period  
43.75

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Hernandez

Mailing Address 445 Hilltop Street

City State Zip Code  
Elkhart KS 67950-0937

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

Name of Employer Morton County Health System  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19176989

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

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

Name of Employer: New Hampshire Hospital Association  
Occupation: President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.96

Date of Receipt: 06 / 06 / 2011  
Transaction ID: 19177077  
Amount of Each Receipt this Period: 41.64

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael E Henze

Mailing Address 54 Hospital Drive

City Osage Beach State MO Zip Code 65065-3050

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

Name of Employer: Lake Regional Health System  
Occupation: Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 07 / 2011  
Transaction ID: 19177617  
Amount of Each Receipt this Period: 600.00

**C.**

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

Mailing Address P O Box 372

City Mattoon State IL Zip Code 61938-0372

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

Name of Employer: Sarah Bush Lincoln Health Center  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 01 / 2011  
Transaction ID: 19178497  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **891.64**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Daniel A Parod

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. C

Name of Employer  
Rockford Memorial Hospital

Occupation  
Senior Vice President Administrative A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

**Transaction ID:** 19178607

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Henry Scybold

Mailing Address 529 South Summit Street

City State Zip Code  
Barrington IL 60010-4413

FEC ID number of contributing federal political committee. C

Name of Employer  
Rockford Memorial Hospital

Occupation  
Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

**Transaction ID:** 19179486

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Helen M. Brooks

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. C

Name of Employer  
Rockford Memorial Hospital

Occupation  
Executive Director, Foundation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

**Transaction ID:** 19179488

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 10 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William R. Dilts

Mailing Address 11873 Warblers Way

City State Zip Code  
Roscoe IL 61073-7541

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

Name of Employer Occupation  
Rockford Memorial Hospital Vice President, Strategic Plng/Relatio

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: 19179489

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
Rockford IL 61103-3692

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

Name of Employer Occupation  
Rockford Memorial Hospital President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: 19179502

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Phillip M Kambic

Mailing Address 350 North Wall Street

City State Zip Code  
Kankakee IL 60901-2901

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

Name of Employer Occupation  
Riverside Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: 19179503

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Alice Ackerman, MD

Mailing Address 3905 Piney Ridge RD

City State Zip Code  
Roanoke VA 24033

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

Name of Employer Occupation  
Carilion Clinic Department Chair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179533

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl Bahnlein

Mailing Address 1701 North George Mason Drive

City State Zip Code  
Arlington VA 22205-3698

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

Name of Employer Occupation  
Virginia Hospital Center - Arlington Executive Vice President and Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179534

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sharon M. Bass, Jr.

Mailing Address 2619 Blue Herson Circle

City State Zip Code  
Roanoke VA 24018-5133

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

Name of Employer Occupation  
Carilion Clinic Vice President Imaging & Pharmacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179535

Amount of Each Receipt this Period  
350.00

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Lori Brown

Mailing Address 40349 Braddock Rd

City State Zip Code  
Aldie VA 20105-2719

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

Name of Employer Inova Health System      Occupation Assistant Vice President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179536

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ramon Darcey

Mailing Address 535 Independence Parkway  
Suite 200

City State Zip Code  
Chesapeake VA 23320-5176

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

Name of Employer Sentara Healthcare      Occupation Vice President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179537

Amount of Each Receipt this Period  
350.00

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

Mailing Address 4417 Corporation Lane

City State Zip Code  
Virginia Beach VA 23462-3162

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

Name of Employer Sentara Healthcare      Occupation President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179589

Amount of Each Receipt this Period  
350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 100 Sentara Circle

City State Zip Code  
Williamsburg VA 23188-5713

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: 19179590

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James E Haden

Mailing Address 459 Locust Avenue

City State Zip Code  
Charlottesville VA 22902-4808

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

Name of Employer Occupation  
Martha Jefferson Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: 19179591

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Kay Hix

Mailing Address 2784 Lakeview Road

City State Zip Code  
Troutville VA 24175-2750

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

Name of Employer Occupation  
Carilion Clinic Executive Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: 19179593

Amount of Each Receipt this Period  
350.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Walter J Kiwall

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code  
Fredericksburg VA 22401-3354

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179594

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Rob Lockridge

Mailing Address 14304 Horseshoe Ford Rd

City State Zip Code  
Ashland VA 23005-3163

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

Name of Employer Occupation  
University of Virginia Medical Center Director, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179595

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms Darleen Mastin

Mailing Address 4748 Totteridge Lane

City State Zip Code  
Virginia Beach VA 23462

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

Name of Employer Occupation  
Sentara Healthcare Sr. Vice President/COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179597

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sylvia Richendollar

Mailing Address 5466 Hunt Club Drive

City State Zip Code  
Virginia Beach VA 23462-3413

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

Name of Employer Occupation  
Sentara Norfolk General Hospital Director Laboratory Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179599

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Rachel Schneider

Mailing Address 2328 Santa Fe Drive

City State Zip Code  
Virginia Beach VA 23456-6752

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

Name of Employer Occupation  
Sentara Healthcare Director of Network Relations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011

**Transaction ID:** 19179600

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry M Graham, FACHE

Mailing Address 1701 Oak Park Boulevard

City State Zip Code  
Lake Charles LA 70601-8911

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

Name of Employer Occupation  
Lake Charles Memorial Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** 19184659

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Clifford M Broussard, FACHE

Mailing Address 2400 Hospital Drive

City State Zip Code  
Bossier City LA 71111-2385

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

Name of Employer Occupation  
WK Bossier Health Center Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: 19184660

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Nancy Cassagne

Mailing Address 1101 Medical Center Boulevard

City State Zip Code  
Marrero LA 70072-3147

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

Name of Employer Occupation  
West Jefferson Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: 19184661

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 4200 Essen Lane

City State Zip Code  
Baton Rouge LA 70809-2196

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: 19184662

Amount of Each Receipt this Period  
500.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark E Marley, FACHE

Mailing Address P O Box 2009

City State Zip Code  
Natchitoches LA 71457-2009

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

Name of Employer Occupation  
Natchitoches Regional Medical Center Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

**Transaction ID:** 19184663

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James T Montgomery, FACHE

Mailing Address 1401 Foucher Street

City State Zip Code  
New Orleans LA 70115-3515

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

Name of Employer Occupation  
Touro Infirmary President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

**Transaction ID:** 19184768

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James E Cathey, Jr

Mailing Address PO Box 2668

City State Zip Code  
Hammond LA 70404-2668

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

Name of Employer Occupation  
North Oaks Medical Center President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

**Transaction ID:** 19184769

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. M. Bryan Day

Mailing Address 3600 Florida Boulevard, 4th Floor

City State Zip Code  
Baton Rouge LA 70806-3842

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

Name of Employer Occupation  
Promise Hospital of Baton Rouge Senior VicePresident

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

**Transaction ID:** 19184770

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ricardo Guevara

Mailing Address 200 Henry Clay Avenue

City State Zip Code  
New Orleans LA 70118-5798

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

Name of Employer Occupation  
Children's Hospital Vice President Legal Affairs

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

**Transaction ID:** 19184771

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Patrick J Quinlan, MD, MHA

Mailing Address 1514 Jefferson Highway

City State Zip Code  
New Orleans LA 70121-2484

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

Name of Employer Occupation  
Ochsner Medical Center Chief Executive Officer

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

**Transaction ID:** 19184772

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Warner L Thomas, FACHE

Mailing Address 1514 Jefferson Highway

City State Zip Code  
New Orleans LA 70121-2429

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

Name of Employer Occupation  
Ochsner Health System President and Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2011

**Transaction ID:** 19184847

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy O Coffey

Mailing Address 1701 Oak Park Boulevard

City State Zip Code  
Lake Charles LA 70601-8911

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

Name of Employer Occupation  
Lake Charles Memorial Hospital Senior Vice President Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2011

**Transaction ID:** 19184848

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Delahoussaye, MBA

Mailing Address 1701 Oak Park Boulevard

City State Zip Code  
Lake Charles LA 70601-8911

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

Name of Employer Occupation  
Lake Charles Memorial Hospital Sr. VP, Specialty & Physician Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2011

**Transaction ID:** 19184849

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Bernita Loyd, LD, LDN

Mailing Address 1701 Oak Park Blvd

City State Zip Code  
Lake Charles LA 70601-8911

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

Name of Employer  
Lake Charles Memorial Hospital

Occupation  
Vice President, Support Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** 19184850

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kevin Mocklin, MD

Mailing Address 1701 Oak Park Boulevard

City State Zip Code  
Lake Charles LA 70601-8911

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

Name of Employer  
Lake Charles Memorial Hospital

Occupation  
Director Medical Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** 19184851

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr David Usher, FACHE

Mailing Address P O Drawer 'M'

City State Zip Code  
Lake Charles LA 70602

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

Name of Employer  
Lake Charles Memorial Hospital

Occupation  
Senior Vice President, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** 19184852

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles P Whitson, CPA

Mailing Address 1701 Oak Park Boulevard

City State Zip Code  
Lake Charles LA 70601-8911

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

Name of Employer Occupation  
Lake Charles Memorial Hospital Senior Vice President Finance

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** 19184853

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L Hawley, Jr

Mailing Address 1001 Gause Boulevard

City State Zip Code  
Slidell LA 70458-2987

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

Name of Employer Occupation  
Slidell Memorial Hospital Chief Executive Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID:** 19184871

Amount of Each Receipt this Period  
50.00

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

Mailing Address 6985 Union Park Ctr Ste 550

City State Zip Code  
Midvale UT 84047-4177

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

Name of Employer Occupation  
HCA President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** 19189026

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas A Biga		Date of Receipt MM / DD / YYYY 06 / 10 / 2011		
	Mailing Address 29 Highand Avenue		<b>Transaction ID:</b> 19192471		
	City Fair Haven	State NJ	Zip Code 07704-3620	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Saint Barnabas Health Care System	Occupation Executive Vice President	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Aubut		Date of Receipt MM / DD / YYYY 06 / 10 / 2011		
	Mailing Address 55 Fogg Road		<b>Transaction ID:</b> 19192585		
	City South Weymouth	State MA	Zip Code 02190-2432	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer South Shore Hospital	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Howard R Grant, MD		Date of Receipt MM / DD / YYYY 06 / 10 / 2011		
	Mailing Address 41 Mall Road		<b>Transaction ID:</b> 19192587		
	City Burlington	State MA	Zip Code 01805-0001	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Lahey Clinic Hospital	Occupation Chief Executive Officer	Aggregate Year-to-Date 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 2001 Washington Street

City Braintree State MA Zip Code 02184-8658

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

Name of Employer Kindred Hospital Northeast-Braintree  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt: 06 / 10 / 2011  
Transaction ID: 19192588  
Amount of Each Receipt this Period: 562.50

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Jose, MSN

Mailing Address 41 Mall Rd

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Clinic Hospital  
Occupation Sr VP, Nursing Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 06 / 10 / 2011  
Transaction ID: 19192589  
Amount of Each Receipt this Period: 112.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Karl B Gills

Mailing Address 1024 Central Park Drive

City Steamboat Springs State CO Zip Code 80487-8813

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

Name of Employer Yampa Valley Medical Center  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 10 / 2011  
Transaction ID: 19192592  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 925.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Victor A Broccolino

Mailing Address 5755 Cedar Lane

City State Zip Code  
Columbia MD 21044-2999

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

Name of Employer  
Howard County General Hospital

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** 19192603

Amount of Each Receipt this Period  
340.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald R Peterson

Mailing Address 733 North Broadway, BRB 104

City State Zip Code  
Baltimore MD 21205

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

Name of Employer  
Johns Hopkins Health System

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** 19192630

Amount of Each Receipt this Period  
255.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael B Robbins

Mailing Address P.O. Box 8207

City State Zip Code  
Elkridge MD 21075-8207

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

Name of Employer  
Maryland Hospital Association

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** 19192632

Amount of Each Receipt this Period  
510.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1105.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cynthia M Grueber

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code  
Portland OR 97239-3011

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

Name of Employer Occupation  
OHSU Hospital Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2011

**Transaction ID:** 19192649

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roy G Vinyard, FACHE

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City State Zip Code  
Medford OR 97504-8170

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

Name of Employer Occupation  
Asante Health System President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2011

**Transaction ID:** 19192652

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry Murphy

Mailing Address 640 South State Street

City State Zip Code  
Dover DE 19901-3597

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2011

**Transaction ID:** 19192658

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Donald R Avery, FACHE

Mailing Address P O Box 1408

City State Zip Code  
Dublin GA 31040-1408

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

Name of Employer Occupation  
Fairview Park Hospital President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2011

**Transaction ID:** 19192679

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 821 North Cobb Street

City State Zip Code  
Milledgeville GA 31061-2343

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

Name of Employer Occupation  
Oconee Regional Health System President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2011

**Transaction ID:** 19192680

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address P O Box 4309

City State Zip Code  
Eastman GA 31023-4309

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

Name of Employer Occupation  
Dodge County Hospital Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2011

**Transaction ID:** 19192681

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 117  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lance B Duke, FACHE

Mailing Address 707 Center Street, Suite 400

City Columbus State GA Zip Code 31901-1575

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

Name of Employer Columbus Regional Healthcare System Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2011  
**Transaction ID: 19192687**  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Fox

Mailing Address Clarian Health Partners  
I-65 at 21st Street

City Indianapolis State IN Zip Code 46206-1072

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

Name of Employer Clarian Health Partners Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2011  
**Transaction ID: 19192693**  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lex S. Anderson

Mailing Address 1923 South Utica Avenue

City Tulsa State OK Zip Code 74104-6502

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

Name of Employer Marian Health System Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2011  
**Transaction ID: 19192728**  
Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Chris Hammes

Mailing Address 3300 NW Expressway

City State Zip Code  
Oklahoma City OK 73112-4418

FEC ID number of contributing federal political committee. C

Name of Employer  
Integris Baptist Medical Center

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 21 / 2011

**Transaction ID:** 19192729

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Debra K Boardman

Mailing Address 750 East 34th Street

City State Zip Code  
Hibbing MN 55746-2341

FEC ID number of contributing federal political committee. C

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

Date of Receipt  
06 / 14 / 2011

**Transaction ID:** 19192774

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sharon P. Andre

Mailing Address P.O. Box 9010

City State Zip Code  
Stuart FL 34995-9010

FEC ID number of contributing federal political committee. C

Name of Employer  
Martin Memorial Health Systems

Occupation  
Admin Director, Ed., Diabetes & OH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 15 / 2011

**Transaction ID:** 19192797

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 5608 Bear Lake Circle

City State Zip Code  
Apopka FL 32703-1916

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

**Transaction ID:** 19192800

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy W Cook

Mailing Address P O Box 9400

City State Zip Code  
Sebring FL 33871-9400

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

Name of Employer Florida Hospital Heartland Medical Cen      Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

**Transaction ID:** 19192803

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Frances Crunk

Mailing Address 2880 David Walker Dr #333

City State Zip Code  
Eustis FL 32726-6172

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

Name of Employer Florida Hospital Waterman      Occupation Chief Financial Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

**Transaction ID:** 19192804

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bill Ellis

Mailing Address 6450 US Highway 1

City State Zip Code  
Rockledge FL 32955-5747

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

Name of Employer Occupation  
Health First, Inc. Vice President Government and Industry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2011  
Transaction ID: 19192823  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard M Irwin, Jr

Mailing Address 10000 West Colonial Drive

City State Zip Code  
Ocoee FL 34761-3493

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

Name of Employer Occupation  
Health Central President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 15 / 2011  
Transaction ID: 19192826  
Amount of Each Receipt this Period: 700.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George Mikitarian, Jr

Mailing Address 951 North Washington Avenue

City State Zip Code  
Titusville FL 32796-2163

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

Name of Employer Occupation  
Parrish Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2011  
Transaction ID: 19192830  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address P O Box 2218

City State Zip Code  
Fort Myers FL 33902-2218

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

Name of Employer Occupation  
Lee Memorial Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: 19193023

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory Ohe

Mailing Address 10000 West Colonial Drive

City State Zip Code  
Ocoee FL 34761-3493

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

Name of Employer Occupation  
Health Central Senior Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: 19193024

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Zeff Ross

Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

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

Name of Employer Occupation  
Memorial Regional Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: 19193026

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Deanna Schaeffer

Mailing Address 400 N. Clyde Morris Blvd

City State Zip Code  
Daytona Beach FL 32114-2731

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

Name of Employer: Halifax Health Medical Center of Daytona  
Occupation: CEO, Healthy Communities & GR Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 06 / 15 / 2011  
**Transaction ID:** 19193027  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Camilla Schmitz, CPA

Mailing Address PO Box 391

City State Zip Code  
Chipley FL 32428-0391

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

Name of Employer: Northwest Florida Community Hospital  
Occupation: Chief Financial Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 06 / 15 / 2011  
**Transaction ID:** 19193028  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew Stein

Mailing Address 3315 Harbour Place

City State Zip Code  
Panama City FL 32405-1638

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

Name of Employer: Bay Medical Center  
Occupation: Board Trustee

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 06 / 15 / 2011  
**Transaction ID:** 19193064  
 Amount of Each Receipt this Period: 250.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Daryl Tol

Mailing Address 701 West Plymouth Avenue

City Deland State FL Zip Code 32720-3236

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

Name of Employer Florida Hospital DeLand Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2011

**Transaction ID:** 19193066

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 9798 NW CR 241

City Lake Butler State FL Zip Code 32054

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

Name of Employer Shands at the University of Florida Occupation Director Safety Security & Transportat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2011

**Transaction ID:** 19193067

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Allen S Weiss

Mailing Address 350 Seventh Street North

City Naples State FL Zip Code 34102-5754

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

Name of Employer NCH Downtown Naples Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2011

**Transaction ID:** 19193068

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 800 Prudential Drive

City State Zip Code  
Jacksonville FL 32207-8202

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

Name of Employer Occupation  
Baptist Health Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: 19193069

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City State Zip Code  
Centreville VA 20120-3755

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

Name of Employer Occupation  
Mary Washington Hospital Vice President, Nursing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 1

Transaction ID: 19193261

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Amy Adome

Mailing Address 1001 Sam Perry Blvd.

City State Zip Code  
Fredericksburg VA 22401-4453

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

Name of Employer Occupation  
Medicorp Health System Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: 19193332

Amount of Each Receipt this Period

350.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 180 Floyd Avenue

City State Zip Code  
Rocky Mount VA 24151-1318

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

Name of Employer Occupation  
Carilion Franklin Memorial Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 19193334

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott A Miller

Mailing Address 1521 Sea Breeze Tr

City State Zip Code  
Virginia Beach VA 23452-4742

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

Name of Employer Occupation  
Sentara Healthcare Vice President Medical Affairs

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 19193335

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Melina Dee Perdue

Mailing Address 101 Elm Avenue SE

City State Zip Code  
Roanoke VA 24013-2222

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

Name of Employer Occupation  
Carilion Clinic Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 19193336

Amount of Each Receipt this Period  
350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Melissa Smith		Date of Receipt
	Mailing Address 11325 Bright Pond Lane		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Reston	VA	20194-1006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mary Washington Healthcare		Occupation Vice President	<b>Transaction ID:</b> 19193339
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David L Ramsey		Date of Receipt
	Mailing Address 20 Wildacre Road		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charleston	WV	25314
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Charleston Area Medical Center Health		Occupation President and Chief Executive Officer	<b>Transaction ID:</b> 19193341
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jeffrey Matton		Date of Receipt
	Mailing Address 1132 Nichols Ct.		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Millersville	MD	21108-2152
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Good Samaritan Hospital of Maryland		Occupation Senior Vice President and COO	<b>Transaction ID:</b> 19193447
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="408.00"/>	<input type="text" value="408.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1258.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 37 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 283 Gallopiny Hill Road

City State Zip Code  
Hopkinton NH 03229-3402

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

Name of Employer Occupation  
New Hampshire Hospital As- V.P., Finance and Rural Hospitals  
sociation

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2011

**Transaction ID:** 19194561

Amount of Each Receipt this Period  
14.50

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

Mailing Address 125 Airport Road

City State Zip Code  
Concord NH 03301-7300

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

Name of Employer Occupation  
New Hampshire Hospital As- President and CEO  
sociation

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 583.60

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2011

**Transaction ID:** 19194562

Amount of Each Receipt this Period  
41.64

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pamala Maples

Mailing Address P O Box 428

City State Zip Code  
Jackson WY 83001-0428

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

Name of Employer Occupation  
St. John's Medical Center Chief Executive Officer  
and Living C

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2011

**Transaction ID:** 19194565

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **306.14**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 117  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul Janke

Mailing Address 1775 Thompson Road

City Coos Bay State OR Zip Code 97420-2125

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

Name of Employer Bay Area Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 20 / 2011  
**Transaction ID: 19194568**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis J Doran

Mailing Address 701 South Dellwood Street

City Cambridge State MN Zip Code 55008-1920

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

Name of Employer Cambridge Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 20 / 2011  
**Transaction ID: 19194572**  
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 27 Raynes Neck Rd

City York State ME Zip Code 03909-5036

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

Name of Employer York Hospital Occupation Director Surgery, Special Procedures

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 07 / 2011  
**Transaction ID: 19194596**  
 Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City State Zip Code  
Topsham ME 04086-6109

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

Name of Employer Occupation  
Maine Hospital Association President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2011

**Transaction ID:** 19194604

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.93

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** 19194924

Amount of Each Receipt this Period  
5.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Deborah K Zastocki, DNP, BSN,

Mailing Address 42 Long Ride Road

City State Zip Code  
Randolph NJ 07869-4571

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

Name of Employer Occupation  
Chilton Memorial Hospital President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** 19194940

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **755.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Laura D. Appel

Mailing Address 110 West Michigan Avenue  
Suite 1200

City State Zip Code  
Lansing MI 48933-1611

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

Name of Employer Michigan Health & Hospital Association  
Occupation Vice President, Federal Policy & Advoc

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194945

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Sally L Berglin

Mailing Address P O Box 209

City State Zip Code  
Paw Paw MI 49079-0209

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

Name of Employer Bronson Healthcare Group Inc  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194947

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James Bosscher

Mailing Address 27870 Cabot Drive

City State Zip Code  
Novi MI 48377-2920

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

Name of Employer Trinity Health  
Occupation Vice President, Treasury

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194949

Amount of Each Receipt this Period

250.00

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

1025.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr David J Campbell

Mailing Address 27 Oxford Road

City State Zip Code  
Grosse Pointe Shor MI 48236-1835

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

Name of Employer Occupation  
Oakwood Healthcare, Inc. Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194950

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James M. Connelly

Mailing Address 7123 Kennowy Court

City State Zip Code  
West Bloomfield MI 48322-3276

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

Name of Employer Occupation  
Henry Ford Health System EVP Finance and Administration

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194951

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 998 Brookwood St.

City State Zip Code  
Birmingham MI 48009-1102

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

Name of Employer Occupation  
Henry Ford Health System Administrator

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194952

Amount of Each Receipt this Period  
250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Van Conway

Mailing Address 401 S Old Woodward, Suite 340

City State Zip Code  
Birmingham MI 48009-6621

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

Name of Employer Occupation  
Beaumont Health System Trustee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 19194953

Amount of Each Receipt this Period

2100.00
---------

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Beverly Erickson

Mailing Address 1841 Maryland Blvd

City State Zip Code  
Birmingham MI 48009-4119

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

Name of Employer Occupation  
Trinity Health Vice President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 19194956

Amount of Each Receipt this Period

250.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Garry C Faja

Mailing Address 400 West Russell Street

City State Zip Code  
Saline MI 48176-1183

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

Name of Employer Occupation  
St. Joseph Mercy Hospital President and Chief Executive Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 19194958

Amount of Each Receipt this Period

1000.00
---------

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

3350.00
---------

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

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James B. Falahee, Jr.  
Mailing Address 7463 Cottage Oak Drive

City State Zip Code  
Portage MI 49024-2352

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

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

Date of Receipt: 06 / 23 / 2011  
Transaction ID: 19194959  
Amount of Each Receipt this Period: 325.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alice Gerard  
Mailing Address 3231 Bangor Rd.

City State Zip Code  
Bay City MI 48706-1852

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

Name of Employer: Bay Regional Medical Center  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
990.00

Date of Receipt: 06 / 23 / 2011  
Transaction ID: 19194960  
Amount of Each Receipt this Period: 990.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter Graham  
Mailing Address 2233 Quarry Road

City State Zip Code  
East Lansing MI 48823-7234

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

Name of Employer: Sparrow Hospital  
Occupation: Vice President, Sparrow Medical Group

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt: 06 / 23 / 2011  
Transaction ID: 19194961  
Amount of Each Receipt this Period: 375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1690.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John T. Hayden

Mailing Address 5864 Blue Jay Drive

City State Zip Code  
Kalamazoo MI 49009-0800

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

Name of Employer: Bronson Healthcare Group Inc  
Occupation: Vice President Human Resources

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 23 / 2011  
**Transaction ID: 19194964**  
 Amount of Each Receipt this Period: 325.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Haynes

Mailing Address 13144 Balfour Ave

City State Zip Code  
Huntington Woods MI 48070-1701

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

Name of Employer: St. John Hospital and Medical Center  
Occupation: Chief Medical Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 23 / 2011  
**Transaction ID: 19194965**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Harry N. Herkowitz

Mailing Address 2700 W. Long Lake Rd.

City State Zip Code  
West Bloomfield MI 48323-1832

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

Name of Employer: Beaumont Health System  
Occupation: Chairman of Orthopaedic Surgery

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 23 / 2011  
**Transaction ID: 19194967**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1075.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Dennis R Herrick

Mailing Address 1450 Redding

City State Zip Code  
Birmingham MI 48009-1027

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

Name of Employer Occupation  
Beaumont Health System Senior Vice President and Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194968

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 81 Handy Road

City State Zip Code  
Grosse Pointe Farm MI 48236-3808

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

Name of Employer Occupation  
Beaumont Health System Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194969

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Hoban

Mailing Address 911 Balfour

City State Zip Code  
Grosse Pointe Park MI 48230-1815

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

Name of Employer Occupation  
St. John Providence Health System Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194970

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 117

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Hoffman

Mailing Address 2440 Antietam Drive

City State Zip Code  
Ann Arbor MI 48105-1471

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

Name of Employer Occupation  
St. Joseph Mercy Hospital Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194971

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Victoria Hollingsworth

Mailing Address 1255 Concord

City State Zip Code  
Rochester Hills MI 48309-2859

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

Name of Employer Occupation  
Beaumont Health System Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194972

Amount of Each Receipt this Period

375.00

**C.**

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

Mailing Address 3341 Lakeshore Drive

City State Zip Code  
Sault Sainte Marie MI 49783-1111

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

Name of Employer Occupation  
War Memorial Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19194974

Amount of Each Receipt this Period

500.00

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

1125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John L. Jones, Jr.		Date of Receipt
	Mailing Address 1814 Hazel Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Kalamazoo	MI	49008-2844
	FEC ID number of contributing federal political committee.		Transaction ID: 19194975
		Amount of Each Receipt this Period	
		<input type="text"/> 275.00	
Name of Employer Bronson Healthcare Group Inc		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Peter Karadjoff		Date of Receipt
	Mailing Address 304 Fairway Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	City	State	Zip Code
	St. Clair	MI	48079-3570
	FEC ID number of contributing federal political committee.		Transaction ID: 19194976
		Amount of Each Receipt this Period	
		<input type="text"/> 475.00	
Name of Employer St. Joseph Mercy Port Huron		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Cheryl Knapp		Date of Receipt
	Mailing Address 7183 Cross Country Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Kalamazoo	MI	49009-7588
	FEC ID number of contributing federal political committee.		Transaction ID: 19194978
		Amount of Each Receipt this Period	
		<input type="text"/> 225.00	
Name of Employer Bronson Healthcare Group Inc		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 975.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Scott D. Larson, MD

Mailing Address 1531 Academy Street

City State Zip Code  
Kalamazoo MI 49006-4400

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

Name of Employer  
Bronson Healthcare Group Inc

Occupation  
SVP, Medical Affairs / CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194980

Amount of Each Receipt this Period  
325.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William J Mayer, MD

Mailing Address 3521 Whistling Ln.

City State Zip Code  
Portage MI 49024-5513

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

Name of Employer  
Bronson Healthcare Group Inc

Occupation  
Vice President Medical Staff Clinical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194984

Amount of Each Receipt this Period  
275.00

**C.**

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

Mailing Address 11425 Long Point Dr.

City State Zip Code  
Plainwell MI 49080-9265

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

Name of Employer  
Bronson Healthcare Group Inc

Occupation  
Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194986

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

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



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

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

FOR LINE NUMBER: PAGE 49 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr Duane Mezwa

Mailing Address 3250 Wauil Ridge Circle

City State Zip Code  
Rochester Hills MI 48309

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

Name of Employer Occupation  
Beaumont Health System Vice Chief of Diagnostic Radiology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194987

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul Misch, MD

Mailing Address 1618 Stony Creek Drive

City State Zip Code  
Rochester MI 48307-1783

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

Name of Employer Occupation  
Beaumont Health System Senior Vice President and Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194988

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Denise Neely, RN

Mailing Address 11808 S 26th Street

City State Zip Code  
Vicksburg MI 49097-8366

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

Name of Employer Occupation  
Bronson Healthcare Group Inc Director of Pain Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194991

Amount of Each Receipt this Period  
225.00

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

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

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

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

FOR LINE NUMBER: PAGE 50 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Nelson

Mailing Address 205 Osceola Street

City State Zip Code  
Laurium MI 49913-2134

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

Name of Employer Occupation  
Aspirus Keweenaw Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

**Transaction ID:** 19194992

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10621 Bear Lake Trail

City State Zip Code  
Portage MI 49024-6207

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

Name of Employer Occupation  
Borgess Health Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

**Transaction ID:** 19194993

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Palazzolo

Mailing Address 3260 Charlwood Dr.

City State Zip Code  
Rochester Hills MI 48306-3614

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

Name of Employer Occupation  
Genesys Health System Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

**Transaction ID:** 19194994

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 117  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 17020 Carriage Way

City State Zip Code  
Northville MI 48168-6602

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

Name of Employer St. Joseph Mercy Hospital  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194995

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Serbenski Pelletier

Mailing Address 51255 38th Street

City State Zip Code  
Paw Paw MI 49079-8315

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

Name of Employer Bronson Healthcare Group Inc  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194996

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Annette S Phillips

Mailing Address 718 North Macomb Street

City State Zip Code  
Monroe MI 48162-7815

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

Name of Employer Mercy Memorial Hospital System  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19194997

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **975.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John J. Polanski

Mailing Address 32551 Myrna

City Livonia State MI Zip Code 48154-2911

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

Name of Employer Henry Ford Health System Occupation Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2011  
**Transaction ID: 19194999**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Popovich, Jr., MD

Mailing Address 264 Chesterfield Avenue

City Birmingham State MI Zip Code 48009-1285

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

Name of Employer Henry Ford Health System Occupation Physician/Hospital Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2011  
**Transaction ID: 19195000**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Larry Rawsthorne, MD

Mailing Address 1215 East Michigan Avenue

City Lansing State MI Zip Code 48912-1811

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

Name of Employer Sparrow Hospital Occupation Senior Vice President Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 23 / 2011  
**Transaction ID: 19195003**  
Amount of Each Receipt this Period 375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sue Reinoehl

Mailing Address 8804 Weeping Pine Ln

City State Zip Code  
Kalamazoo MI 49009-6733

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

Name of Employer: Bronson Healthcare Group Inc  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19195004

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 2662 Innisbrook Drive

City State Zip Code  
Portage MI 49024-7872

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

Name of Employer: Bronson Healthcare Group Inc  
Occupation: CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19195005

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 6480 Kernwood

City State Zip Code  
East Lansing MI 48823-9432

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

Name of Employer: Sparrow Hospital  
Occupation: Executive Vice President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19195007

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James J Sexton, FACHE

Mailing Address 27100 Loma Court

City State Zip Code  
Grosse Ile MI 48138-2170

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

Name of Employer Occupation  
Henry Ford Health System President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19195011

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Camille Shy

Mailing Address 13200 Cambridge Court

City State Zip Code  
Plymouth MI 48170-3099

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

Name of Employer Occupation  
St. Joseph Mercy Hospital Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19195012

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph R Swedish

Mailing Address 27870 Cabot Drive

City State Zip Code  
Novi MI 48377-2920

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

Name of Employer Occupation  
Trinity Health President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 19195016

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth L Taft

Mailing Address 301 John Street

City State Zip Code  
Kalamazoo MI 49007-5295

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

Name of Employer: Bronson Healthcare Group Inc  
Occupation: Executive Vice President and Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt: 06 / 23 / 2011  
Transaction ID: 19195017  
Amount of Each Receipt this Period: 375.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Taubman

Mailing Address 200 East Long Lake Road

City State Zip Code  
Bloomfield Hills MI 48304-2314

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

Name of Employer: Taubman Center/William Beaumont Hospital  
Occupation: Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 06 / 23 / 2011  
Transaction ID: 19195018  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randall J Wagner

Mailing Address 4691 Old Grand River Tr

City State Zip Code  
Ada MI 49301-8614

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

Name of Employer: Saint Mary's Health Care  
Occupation: COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 06 / 23 / 2011  
Transaction ID: 19195022  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sam R. Watson

Mailing Address 1240 E. Mill Street

City State Zip Code  
Hastings MI 49058-9185

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

Name of Employer Michigan Health & Hospital Association  
Occupation Associate Executive Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 1 1

**Transaction ID:** 19195023

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mike Way

Mailing Address 7049 Turkey Glen Trail

City State Zip Code  
Kalamazoo MI 49009-7031

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

Name of Employer Bronson Healthcare Group Inc  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 1 1

**Transaction ID:** 19195024

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack Weiner

Mailing Address 44405 Woodward Avenue

City State Zip Code  
Pontiac MI 48341-5023

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

Name of Employer St. Joseph Mercy Oakland  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 1 1

**Transaction ID:** 19195025

Amount of Each Receipt this Period  
500.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael C. Wiemann, M.D.

Mailing Address 5748 Heatherfield Court

City State Zip Code  
West Bloomfield MI 48322-1333

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

Name of Employer St. John Providence Health System  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

Transaction ID: 19195027

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Wilhite

Mailing Address 1215 East Michigan Avenue

City State Zip Code  
Lansing MI 48912-1811

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

Name of Employer Sparrow Hospital  
Occupation Vice President Legal and Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

Transaction ID: 19195028

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4094 Breakwater Dr.

City State Zip Code  
Okemos MI 48864-4410

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

Name of Employer Sparrow Hospital  
Occupation President, Physicians Health Plan

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

Transaction ID: 19195029

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Samuel Yamin

Mailing Address 5532 Lakeview Dr.

City State Zip Code  
Bloomfield MI 48302-2728

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

Name of Employer Occupation  
Beaumont Health System Trustee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19195032

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 316 Marys Pond Rd

City State Zip Code  
Rochester MA 02770-4012

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

Name of Employer Occupation  
Southcoast Hospitals Group President & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: 19195062

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Louis J Woolf

Mailing Address 1200 Centre Street

City State Zip Code  
Boston MA 02131-1011

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

Name of Employer Occupation  
Hebrew Rehabilitation Center President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 262.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: 19195072

Amount of Each Receipt this Period

262.50

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

1137.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Kathleen Harrelson

Mailing Address 6181 Karabrook Court

City State Zip Code  
Kalamazoo MI 49009-8961

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

Name of Employer Occupation  
Bronson Healthcare Group Vice President of Nursing  
Inc

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19195073

Amount of Each Receipt this Period

275.00

**B.**

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

Mailing Address P O Box 2000

City State Zip Code  
Randolph VT 05060-2000

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: 19195077

Amount of Each Receipt this Period

350.00

**C.**

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

Mailing Address 943 West 6th Avenue

City State Zip Code  
Anchorage AK 99501-2033

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

Name of Employer Occupation  
Alaska State Hospital & Nursing Home A President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: 19195845

Amount of Each Receipt this Period

1000.00

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

1625.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 172 Kinsley Street

City State Zip Code  
Nashua NH 03060-3648

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

Name of Employer St. Joseph Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

**Transaction ID:** 19195848

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Nancy A. Formella

Mailing Address One Medical Center Drive

City State Zip Code  
Lebanon NH 03756-1000

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

Name of Employer Dartmouth-Hitchcock Medical Center Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

**Transaction ID:** 19195850

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory J Walker

Mailing Address 789 Central Avenue

City State Zip Code  
Dover NH 03820-2526

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

Name of Employer Wentworth-Douglass Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

**Transaction ID:** 19195851

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John W Bluford

Mailing Address 2301 Holmes Street

City State Zip Code  
Kansas City MO 64108-2640

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

Name of Employer Occupation  
Truman Medical Centers In- President and Chief Executive Officer  
c.

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: 19195867

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald B. Ashworth

Mailing Address 1508 Pacland Ridge Court

City State Zip Code  
Chesterfield MO 63005-4327

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

Name of Employer Occupation  
Sisters of Mercy Health Chair  
System

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: 19195868

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Liza Jensen

Mailing Address 8109 Fredericksburg Rd

City State Zip Code  
San Antonio TX 78229-3311

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

Name of Employer Occupation  
Methodist Specialty and Executive Director, Department of Psyc  
Transplant Hos

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: 19195870

Amount of Each Receipt this Period

350.00

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

1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial) Dr. Stuart Buttlare		Date of Receipt MM / DD / YYYY 06 / 23 / 2011
Mailing Address 1950 Franklin Street 4th Floor		<b>Transaction ID:</b> 19195890
City Oakland	State CA	Zip Code 94612-5190
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Kaiser Foundation Hospitals	Occupation Regional Dir of Inpatient Psychiatry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Ms. Debra A Flores		Date of Receipt MM / DD / YYYY 06 / 23 / 2011
Mailing Address 3000 Coliseum Drive		<b>Transaction ID:</b> 19195908
City Hampton	State VA	Zip Code 23666-5963
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Sentara CarePlex Hospital	Occupation Vice President and Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Dougal Hewitt		Date of Receipt MM / DD / YYYY 06 / 23 / 2011
Mailing Address 8260 Atlee Road		<b>Transaction ID:</b> 19195910
City Mechanicsville	State VA	Zip Code 23116-1844
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Memorial Regional Medical Center	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

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

FOR LINE NUMBER: PAGE 63 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Shirley Holland

Mailing Address 161 Lila Lane

City State Zip Code  
Boones Mill VA 24065-3749

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

Name of Employer Occupation  
Carilion Clinic Vice President/Strategic Development

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 19195911

Amount of Each Receipt this Period

350.00
--------

**B.**

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

Mailing Address 2620 Pleasant Run Drive

City State Zip Code  
Richmond VA 23233-2114

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

Name of Employer Occupation  
Virginia Hospital & Health-care Associa Director of Human Services

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 19195912

Amount of Each Receipt this Period

200.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Randall L Kelley

Mailing Address P O Box 6000

City State Zip Code  
Leesburg VA 20177-0600

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

Name of Employer Occupation  
Inova Loudoun Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 19195925

Amount of Each Receipt this Period

350.00
--------

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

900.00
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 117  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Genemarie P McGee

Mailing Address 3728 Ballahack Road

City State Zip Code  
Chesapeake VA 23322-3201

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

Name of Employer Occupation  
Sentara Leigh Hospital Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19195927

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Archie McPherson, , M.D.

Mailing Address 1701 North George Mason Drive

City State Zip Code  
Arlington VA 22205-3698

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

Name of Employer Occupation  
Virginia Hospital Center - Arlington Vice President and Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 19195928

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Olas A Hubbs, III FACHE

Mailing Address 500 London Avenue

City State Zip Code  
Marysville OH 43040-5512

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

Name of Employer Occupation  
Memorial Hospital of Union County President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: 19197902

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Dale E Thornton, MPH, CHE		Date of Receipt
	Mailing Address 45 St Lawrence Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2011
	City	State	Zip Code
	Tiffin	OH	44883-8310
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 19198627
Name of Employer Mercy Tiffin Hospital		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
	Mailing Address 257 Clouse Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2011
	City	State	Zip Code
	Granville	OH	43023-1428
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 19198639
Name of Employer Ohio Hospital Association		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Raymond M Chorey		Date of Receipt
	Mailing Address P O Box 610		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2011
	City	State	Zip Code
	Cambridge	OH	43725-0610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 19198650
Name of Employer Southeastern Ohio Regional Medical Cen		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 2464 Guilford RD

City Cleveland Heights State OH Zip Code 44118-4104

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

Name of Employer University Hospitals Occupation Chief Quality Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2011  
Transaction ID: 19198653  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Alice Annecharico

Mailing Address 234 Goodman Street

City Cincinnati State OH Zip Code 45219-2364

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

Name of Employer University Hospital Occupation Sr. Vice President and Chief Informati

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2011  
Transaction ID: 19200507  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Achilles Demetriou, MD

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2011  
Transaction ID: 19200509  
Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 12340 Bass Lake Road

City State Zip Code  
Chardon OH 44024-8327

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

Name of Employer University Hospitals Extended Care Cam  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: 19200510

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Janet L Miller

Mailing Address 11100 Euclid Avenue

City State Zip Code  
Cleveland OH 44106-5000

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

Name of Employer University Hospitals  
Occupation Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: 19200513

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Fred C Rothstein, MD

Mailing Address 11100 Euclid Avenue

City State Zip Code  
Cleveland OH 44106-1716

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

Name of Employer University Hospitals Case Medical Cent  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: 19200515

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 117  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul Tait

Mailing Address 6560 Thorntree Drive

City Brecksville State OH Zip Code 44141-1769

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

Name of Employer University Hospitals Occupation Sr VP, Strategic Planning & Bus Develop

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: 19200516

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas F Zenty, III

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer University Hospitals Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: 19200517

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 2139 Auburn Avenue

City Cincinnati State OH Zip Code 45219-2906

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

Name of Employer Christ Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: 19200518

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 69 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harlan Hallquist

Mailing Address 9855 West 78th Street  
Suite 270

City State Zip Code  
Eden Prairie MN 55344-8002

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

Name of Employer J.E. Dunn Construction Company  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	1	1

**Transaction ID:** 19200530

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas K Prusak

Mailing Address 523 North Third Street

City State Zip Code  
Brainerd MN 56401-3098

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

Name of Employer Essentia Health St. Joseph's Medical C  
Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	1	1

**Transaction ID:** 19200533

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl Vaagenes

Mailing Address 111 17th Avenue East

City State Zip Code  
Alexandria MN 56308-5273

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

Name of Employer Douglas County Hospital  
Occupation Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	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**

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

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

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

FOR LINE NUMBER: PAGE 70 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jani M Wiebolt

Mailing Address 523 North Third Street

City Brainerd State MN Zip Code 56401-3098

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

Name of Employer: Essentia Health St. Joseph's Medical C  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 27 / 2011  
**Transaction ID:** 19200535  
 Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley K Hammack

Mailing Address 2451 Fillingim Street

City Mobile State AL Zip Code 36617-2238

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

Name of Employer: University of South Alabama Hospitals  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 28 / 2011  
**Transaction ID:** 19200536  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Michael Horsley

Mailing Address 8107 Henslow Court

City Montgomery State AL Zip Code 36117-7475

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

Name of Employer: Alabama Hospital Association  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 28 / 2011  
**Transaction ID:** 19200537  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2025.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Linda U Jordan

Mailing Address P O Box 1270

City State Zip Code  
Ashland AL 36251-1270

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

Name of Employer Occupation  
Clay County Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2011

**Transaction ID:** 19200538

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Roger Leonard, MD

Mailing Address 11706 Split Tree Circle

City State Zip Code  
Potomac MD 20854-2880

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

Name of Employer Occupation  
Montgomery General Hospital Vice President Medical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID:** 19200568

Amount of Each Receipt this Period  
255.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Joanne E Pollak, JD

Mailing Address 733 North Broadway, BRB 104

City State Zip Code  
Baltimore MD 21205

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

Name of Employer Occupation  
Johns Hopkins Health System Vice President and General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID:** 19200580

Amount of Each Receipt this Period  
510.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1765.00**

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

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

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

FOR LINE NUMBER: PAGE 72 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 150 Kingsley Lane

City Norfolk State VA Zip Code 23505-4602

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

Name of Employer Bon Secours-DePaul Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: 19209902  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey P King

Mailing Address 925 Ditchley Rd

City Virginia Beach State VA Zip Code 23451-3740

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

Name of Employer Sentara Healthcare Occupation General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: 19210203  
Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna Littlepage

Mailing Address PO Box 25

City Roanoke State VA Zip Code 24002-0025

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

Name of Employer Carilion Clinic Occupation Vice President, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: 19210206  
Amount of Each Receipt this Period 350.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. H. Patrick Walters

Mailing Address 8323 Private Line

City State Zip Code  
Annandale VA 22304-1594

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

Name of Employer Inova Health System Occupation Vice President, Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

Transaction ID: 19210208

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
New Hope PA 18938

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.93

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

Transaction ID: 19230930

Amount of Each Receipt this Period  
20.42

**C.**

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

Mailing Address 533 Kings Grant Road

City State Zip Code  
Virginia Beach VA 23452-7051

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

Name of Employer Sentara Healthcare Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

Transaction ID: 19230938

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **720.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1045726225183
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David Schulke	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR1057462125183
	City Washington State DC Zip Code 20004-2801	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Washingt Occupation VP Research Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James Wadzinski	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address One North Franklin	<b>Transaction ID:</b> PR1347703425183
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Account Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address One North Franklin		<b>Transaction ID:</b> PR1347703625183
	City Chicago	State IL	Zip Code 60606-3436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Colucci		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1061 N Penny Ln		<b>Transaction ID:</b> PR1475133725183
	City Palatine	State IL	Zip Code 60067-1821
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Chicago	Occupation National Director Sponsorship and Under	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address One North Franklin		<b>Transaction ID:</b> PR1492459925183
	City Chicago	State IL	Zip Code 60606-3436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.66
	Name of Employer American Hospital Association-Chicago	Occupation Associate Executive Director - ASHHR	P/R Deduction (\$40.83 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 469.21		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	161.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 76 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR1671258625183  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR1677512425183  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR1819487925183  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR327629125183  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR327771625183  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City Oak Park State IL Zip Code 60304-2132

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

Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011  
**Transaction ID:** PR327777825183  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

**Transaction ID:** PR327801725183

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

**Transaction ID:** PR327812025183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

**Transaction ID:** PR327831725183

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President, Meetings & Travel Serv

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR327846225183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

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

Name of Employer American Hospital Association-Washingt  
Occupation Director, Policy Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR327851925183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR327858025183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John F. Barry	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address One North Franklin	<b>Transaction ID:</b> PR327877825183
	City State Zip Code Millis MA 60606-3436	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 130 North Garland Court #3002	<b>Transaction ID:</b> PR327895725183
	City State Zip Code Chicago IL 60602-4750	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 325 Seventh Street, NW Suite 700	<b>Transaction ID:</b> PR328132825183
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	240.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 81 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 204 7th Ave

City State Zip Code  
La Grange IL 60525-6406

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

Name of Employer American Hospital Association-Chicago  
Occupation Sr. Vice President, Member Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

**Transaction ID:** PR328136925183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 5545 North Wayne

City State Zip Code  
Chicago IL 60640-1318

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

**Transaction ID:** PR328223825183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code  
Eagle ID 83616-5369

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

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

**Transaction ID:** PR328241425183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 3475 North Venice Street

City State Zip Code  
Arlington VA 22207-4446

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR328260925183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Director, Political Action & Grassroot

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR328341825183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

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

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR328511825183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1501 N. Harrison Street		<b>Transaction ID:</b> PR328512025183
	City Arlington	State VA	Zip Code 22205-2726
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Communications	P/R Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. George Arges		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address One North Franklin St.		<b>Transaction ID:</b> PR328641125183
	City Chicago	State IL	Zip Code 60606
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Chicago	Occupation Senior Director, Health Data Management	P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address One North Franklin Ave.		<b>Transaction ID:</b> PR328913325183
	City Chicago	State IL	Zip Code 60606
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Association-Chicago	Occupation President & CEO, AHA Solutions, Inc. &	P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 117  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago  
Occupation SPSA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2011  
**Transaction ID:** PR329013425183  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago  
Occupation President & Chief Operating Officer, C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 06 / 30 / 2011  
**Transaction ID:** PR329071325183  
 Amount of Each Receipt this Period: 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2011  
**Transaction ID:** PR329084425183  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 117

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

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

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR329215725183

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR330343325183

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

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

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR330411625183

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

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

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR330475425183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President, Strategic Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR330547725183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code  
Lake Forest IL 60045-1715

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President, Constituency Section

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR330549225183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 117  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code  
Chicago IL 60634-3232

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

Name of Employer American Hospital Association-Chicago  
Occupation Executive Director, Associate Membersh

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR331098325183

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt  
Occupation Director Advocacy and Public Policy Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR331304225183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code  
Falls Church VA 22046-2613

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** PR331533225183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago  
Occupation Vice President, PMG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR346168125183

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt  
Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR518031925183

Amount of Each Receipt this Period  
82.72

P/R Deduction (\$41.36 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

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

Name of Employer American Hospital Association-Washingt  
Occupation Associate Director, Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** PR566280925183

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **202.72**

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



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

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

FOR LINE NUMBER: PAGE 89 / 117  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City State Zip Code  
Alexandria VA 22314-4142

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

Name of Employer American Hospital Association-Washingt  
Occupation Director, Policy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2011

**Transaction ID:** PR766023725183

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2011

**Transaction ID:** PR876637225183

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

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

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

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City State Zip Code  
Harrisburg PA 17105-8600

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100075.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

**Transaction ID:** 19192737

Amount of Each Receipt this Period  
10075.00

**B.** Full Name (Last, First, Middle Initial)  
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive  
PO Box 259038

City State Zip Code  
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

**Transaction ID:** 19193252

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive  
PO Box 259038

City State Zip Code  
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

**Transaction ID:** 19200543

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13175.00**

**TOTAL** This Period (last page this line number only) ..... ► **13175.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 117
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 1400 G Street, NW		<b>Transaction ID:</b> 19230811
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 72.81
Name of Employer	Occupation	Interest Earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.50	

**B.**

Full Name (Last, First, Middle Initial) TD Bank		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 901 Seventh Street, NW		<b>Transaction ID:</b> 19230812
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 188.59
Name of Employer	Occupation	Interest Earned
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.64	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Cooper For Congress <hr/> Mailing Address 236 Massachusetts Avenue NE Suite 603 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 05	Transaction ID: 19180792 Date of Disbursement 06 / 07 / 2011
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Nadler For Congress <hr/> Mailing Address Village Station, PO Box 40 <hr/> City New York State NY Zip Code 10014 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jerrold L. Nadler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 08	Transaction ID: 19180793 Date of Disbursement 06 / 07 / 2011
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) John Tierney For Congress <hr/> Mailing Address 49 Federal Street <hr/> City Salem State MA Zip Code 01970 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John F. Tierney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 06	Transaction ID: 19180794 Date of Disbursement 06 / 07 / 2011
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Charles Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180795 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180796 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180797 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180798 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address PO Box 3314 Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180799 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180800 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 117

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adrian Smith For Congress</p> <p>Mailing Address 3321 Avenue I Suite 6</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Adrian Honorable Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19180801</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Treasure State PAC</p> <p>Mailing Address PO Box 76187</p> <p>City State Zip Code Washington DC 20013</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Treasure State PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19184416</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2011 Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street, NE</p> <p>City State Zip Code Washington DC 20002</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19184436</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2011 Contribution</p>

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

21000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 19184472 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2011 Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rush Holt For Congress</p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rush D. Holt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 12</p>	<p><b>Transaction ID:</b> 19184510 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 07</p>	<p><b>Transaction ID:</b> 19184517 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	17000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19184530 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steve Rothman for Congress</p> <p>Mailing Address P.O. Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steven R. Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19184538 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Kelly For Congress</p> <p>Mailing Address PO Box 476</p> <p>City Lyndora State PA Zip Code 16045</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. George Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19184564 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrasso</p> <p>Mailing Address PO Box 52008</p> <p>City Casper State WY Zip Code 82605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. John A. Barrasso, MD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WY District:</p>	<p><b>Transaction ID:</b> 19187162</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee</p> <p>Mailing Address P.O. Box 395</p> <p>City Wrentham State MA Zip Code 02903</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Scott Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District:</p>	<p><b>Transaction ID:</b> 19187221</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bob Corker For Senate</p> <p>Mailing Address 518 Georgia Ave 2nd Floor</p> <p>City Chatanooga State TN Zip Code 37403</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Robert Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p><b>Transaction ID:</b> 19187234</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc  Mailing Address 175 South West Temple Suite 650  City Salt Lake City State UT Zip Code 84101  Purpose of Disbursement Contribution Candidate Name Sen. Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	<b>Transaction ID:</b> 19187274 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 2000.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Dick Lugar Inc  Mailing Address PO Box 55952  City Indianapolis State IN Zip Code 46205  Purpose of Disbursement Contribution Candidate Name Sen. Richard G. Lugar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	<b>Transaction ID:</b> 19187304 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Snowe For Senate  Mailing Address PO Box 2012  City Portland State ME Zip Code 04104  Purpose of Disbursement Contribution Candidate Name Sen. Olympia J. Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	<b>Transaction ID:</b> 19187320 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19187370</p> <p>Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19187417</p> <p>Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Convention</p>	<p><b>Transaction ID:</b> 19187436</p> <p>Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Contribution</p>

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19187489</p> <p>Date of Disbursement MM / DD / YYYY 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Loeb sack For Congress</p> <p>Mailing Address PO Box 2720</p> <p>City Cedar Rapids State IA Zip Code 52406</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. David Wayne Loeb sack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19187504</p> <p>Date of Disbursement MM / DD / YYYY 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Diana DeGette For Congress Inc.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19187523</p> <p>Date of Disbursement MM / DD / YYYY 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Huizenga For Congress  Mailing Address 441 William Court  City Zeeland State MI Zip Code 49464  Purpose of Disbursement Contribution Candidate Name Rep. William Huizenga Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19187543 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 500.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Peters For Congress  Mailing Address PO Box 226  City Bloomfield Hills State MI Zip Code 48303  Purpose of Disbursement Contribution Candidate Name Rep. Gary C. Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19187619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 2000.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Cleaver For Congress  Mailing Address 4801 Main Street, Suite 1000  City Kansas City State MO Zip Code 64112  Purpose of Disbursement Contribution Candidate Name Rep. Emanuel Cleaver, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19187639 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 1500.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund  Mailing Address 700 Thirteenth Street, NW Suite 600  City Washington State DC Zip Code 20005  Purpose of Disbursement 2011 Contribution Candidate Name Searchlight Leadership Fund  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 19187659 Date of Disbursement 06 / 14 / 2011	Amount of Each Disbursement this Period 2500.00  2011 Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown  Mailing Address PO Box 76187  City Washington State DC Zip Code 20013  Purpose of Disbursement Contribution Candidate Name Sen. Sherrod Brown  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 19187685 Date of Disbursement 06 / 14 / 2011	Amount of Each Disbursement this Period 1000.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Jaime Herrera Beutler For Congress  Mailing Address PO Box 1614  City Ridgefield State WA Zip Code 98642  Purpose of Disbursement Contribution Candidate Name Rep. Jaime Herrera Beutler  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 03	Transaction ID: 19187723 Date of Disbursement 06 / 14 / 2011	Amount of Each Disbursement this Period 1000.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19187819 Date of Disbursement 06 / 14 / 2011 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress <hr/> Mailing Address 700 Thirteenth Street, NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19187835 Date of Disbursement 06 / 14 / 2011 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Ben Chandler For Congress <hr/> Mailing Address P. O. Box 12678 <hr/> City Lexington State KY Zip Code 40508 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Benjamin Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19187855 Date of Disbursement 06 / 14 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Quigley For Congress	Transaction ID: 19187877 Date of Disbursement
	Mailing Address PO Box 13040	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Chicago State IL Zip Code 60613	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael Quigley	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 19187900 Date of Disbursement
	Mailing Address P.O. Box 2232	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Allyson Y. Schwartz	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Carper For Senate	Transaction ID: 19207896 Date of Disbursement
	Mailing Address 19 East Commons Blvd Second Floor	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Sen. Thomas R. Carper	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19207979 <b>Date of Disbursement</b> 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza</p> <p>Mailing Address PO Box 2749</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Dennis A. Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19208225 <b>Date of Disbursement</b> 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Carney For Congress</p> <p>Mailing Address PO Box 2162</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19208294 <b>Date of Disbursement</b> 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p>	<p><b>Transaction ID:</b> 19208458</p> <p>Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) LoBiondo For Congress</p> <p>Mailing Address P.O. Box 550</p> <p>City Vineland State NJ Zip Code 08362</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 02</p>	<p><b>Transaction ID:</b> 19211248</p> <p>Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) America Works PAC</p> <p>Mailing Address PO BOX 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name America Works PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 19211315</p> <p>Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2011 Contribution</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC</b> Mailing Address 499 South Capitol St., SW Suite 422 City Washington State DC Zip Code 20003 Purpose of Disbursement 2011 Contribution Candidate Name BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 19211662 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00 2011 Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ERIC PAC-Every Republican is Crucial PAC</b> Mailing Address 209 Pennsylvania Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement 2011 Contribution Candidate Name ERIC PAC-Every Republican is Crucial PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 19211722 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 1500.00 2011 Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>VINEPAC: Victory in November Election PAC</b> Mailing Address 700 Thirteenth Street, NW Suite 600 City Washington State DC Zip Code 20005 Purpose of Disbursement 2011 Contribution Candidate Name VINEPAC: Victory in November Election PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 19211830 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 4000.00 2011 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel Webster for Congress</p> <p>Mailing Address 3400 Old Winter Garden Road</p> <p>City Orlando State FL Zip Code 32805</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel Webster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19212143</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Danny K. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19212206</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress</p> <p>Mailing Address P.O. Box 490286</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jesse L. Jackson, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19212284</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Friends Of Nan Hayworth

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Nan Hayworth

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19212349  
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter T. King

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19212442  
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Scott Rigell For Congress

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Edward Scott Rigell

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: 19212499  
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Joe Heck</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 03</p>	<p><b>Transaction ID:</b> 19212828 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blaine Luetkemeyer for Congress 2012</p> <p>Mailing Address P.O. BOX 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 03</p>	<p><b>Transaction ID:</b> 19212929 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 50 S. Providence Road PO Box 308</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07</p>	<p><b>Transaction ID:</b> 19213579 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Pat Roberts for Senate <hr/> Mailing Address PO Box 433 <hr/> City State Zip Code Great Bend KS 67530 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19213639 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00
			Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America <hr/> Mailing Address 700 Thirteenth Street, NW Suite 600 <hr/> City State Zip Code Washington DC 20005 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name AMERIPAC: The Fund for a Greater America <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19213859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00
			2011 Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Freedom Fund <hr/> Mailing Address 128 N. Columbus Street <hr/> City State Zip Code Alexandria VA 22314 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Freedom Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19213976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00
			2011 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Victory Now!</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Victory Now!</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19214089 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2011 Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Doyle For Congress Committee</p> <p>Mailing Address 205 Hawthorne Court</p> <p>City Pittsburgh State PA Zip Code 15221</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael F. Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19214118 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Latta For Congress</p> <p>Mailing Address P.O. Box 106</p> <p>City Bowling Green State OH Zip Code 43402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Robert Latta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19214244 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress <hr/> Mailing Address 1700 W Market St #155 <hr/> City Akron State OH Zip Code 44313 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Betty S. Sutton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19214386 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2011
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Gibson For Congress <hr/> Mailing Address PO Box 247 <hr/> City Kinderhook State NY Zip Code 12106 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Chris Gibson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19230926 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2011
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) McKinley For Congress <hr/> Mailing Address 32 20th Street <hr/> City Wheeling State WV Zip Code 26003 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. David McKinley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19230927 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2011
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Wicker For Senate

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Roger Wicker

Office Sought:  House  
 Senate  
 President

State: MS District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 19230929

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) American Express  Mailing Address Ste. 001  City Chicago State IL Zip Code 60679  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19230799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 1 1	Amount of Each Disbursement this Period  63.38  Merchant Fees
<b>B.</b>	Full Name (Last, First, Middle Initial) Newtek Merchant Solutions  Mailing Address 744 N 4th Street  City Milwaukee State WI Zip Code 53203  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19230800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period  87.40  Merchant Fees
<b>C.</b>	Full Name (Last, First, Middle Initial) Paymentech  Mailing Address 14221 Dallas Parkway Building Two  City Dallas State TX Zip Code 75254  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19230804 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 1 1	Amount of Each Disbursement this Period  102.53  Merchant Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>253.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

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

Transaction ID: 19230805

Date of Disbursement

Mailing Address 1400 G Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	1

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

0.27
------

Purpose of Disbursement  
Bank Fee

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Bank Fee

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

0.27
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TOTAL This Period (last page this line number only) ..... ▶

253.58
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