

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW
Suite 700
Washington DC 20004

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER **C00106146**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

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

Election on **11** / **02** / **2010** in the State of **DC**

(d) 30-Day Post -Election Report for the:

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

Election on _____ in the State of _____

5. Covering Period **10** / **01** / **2010** through **10** / **13** / **2010**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date **10** / **19** / **2010**

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

Office Use Only							
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2190847.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1973834.02									
(c) Total Receipts (from Line 19)	104419.28	1351192.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2078253.30	3542039.91								
7. Total Disbursements (from Line 31)	594842.28	2058628.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1483411.02	1483411.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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)	57409.87	564837.23
(ii) Unitemized	36159.41	264331.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	93569.28	829169.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	93569.28	829169.09
12. Transfers From Affiliated/Other Party Committees	10850.00	489682.61
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	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	15750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1953.49
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))	104419.28	1351192.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	104419.28	1351192.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	525342.28	537380.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	525342.28	537380.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	1268875.31
24. Independent Expenditure (use Schedule E)	0.00	251455.54
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	725.00
(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	725.00
29. Other Disbursements.....	0.00	192.50
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))..	594842.28	2058628.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	594842.28	2058628.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	93569.28	829169.09
34. Total Contribution Refunds (from Line 28(d))	0.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	93569.28	828444.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	525342.28	537380.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	525342.28	522743.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 104
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
168500.00

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

Transaction ID: 18616486

Amount of Each Receipt this Period
10000.00

B.

Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8182.61

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

Transaction ID: 18637860

Amount of Each Receipt this Period
850.00

SUBTOTAL of Receipts This Page (optional)	▶	10850.00
TOTAL This Period (last page this line number only)	▶	10850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Dale M Lodge		Date of Receipt MM / DD / YYYY 10 / 01 / 2010		
	Mailing Address 41 Highland Avenue		Transaction ID: 18616526		
	City Winchester	State MA	Zip Code 01890-1496	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Winchester Hospital	Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 110 4th St., SE		Transaction ID: 18617710		
	City Washington	State DC	Zip Code 20003-1012	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Hospital Association-Washingt	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Mr. Michael J. Rock		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: 18621706		
	City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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 8 / 104
(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. Jeffrey Matton

Mailing Address 1132 Nichols Ct.

City State Zip Code
Millersville MD 21108-2152

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

Name of Employer: Good Samaritan Hospital of Maryland
Occupation: Senior Vice President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 18626977
 Amount of Each Receipt this Period: 408.00

B. Full Name (Last, First, Middle Initial)
Ms Valerie Shearer Overton

Mailing Address 2016 Industrial Drive

City State Zip Code
Annapolis MD 21401-2942

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 ▼ 255.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 18626986
 Amount of Each Receipt this Period: 255.00

C. Full Name (Last, First, Middle Initial)
Mr. James A. Diegel, FACHE

Mailing Address 2500 NE Neff Road

City State Zip Code
Bend OR 97701-6015

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

Name of Employer: St. Charles Health System, Inc.
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 18631905
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1163.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 104
(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. Martie Wisdom

Mailing Address 501 Airport Rd

City State Zip Code
Rifle CO 81650-8510

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

Name of Employer: Grand River Hospital District
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: 18634256
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Woodrow W Hathaway

Mailing Address 410 Benedicta Avenue

City State Zip Code
Trinidad CO 81082-2005

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

Name of Employer: Mt. San Rafael Hospital
Occupation: Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: 18634257
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas Clairmont

Mailing Address 80 Highland Street

City State Zip Code
Laconia NH 03246-3235

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

Name of Employer: Lakes Region General Hospital
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 10 / 12 / 2010
Transaction ID: 18637855
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 10 / 104
(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. Bruce King

Mailing Address 273 County Road

City State Zip Code
New London NH 03257-5736

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

Name of Employer Occupation
New London Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18637856

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Dr. Stephanie Wolf-Rosenblum

Mailing Address P O Box 2014

City State Zip Code
Nashua NH 03061-2014

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

Name of Employer Occupation
Southern New Hampshire Medical Center Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18637857

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 100 Hospital Drive East

City State Zip Code
Bennington VT 05201-5004

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

Name of Employer Occupation
Southwestern Vermont 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 Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 18663421

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 11 / 104
(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 State Zip Code
Concord NH 03301-7300

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

Name of Employer Occupation
New Hampshire Hospital Association President and CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.69

Date of Receipt

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

Transaction ID: 18663427

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street
Suite 2300

City State Zip Code
Minneapolis MN 55402-4200

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

Name of Employer Occupation
Leonard, Street & Deinard, PA Chair, Health Law Department

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

Date of Receipt

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

Transaction ID: 18663430

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 6229 Northlake Drive

City State Zip Code
Parkville MO 64152-6080

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

Name of Employer Occupation
North Kansas City Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 18663431

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)

1183.33

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 / 104
(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. Karen O Moore, , R.N., MS

Mailing Address 1400 State Street

City Springfield State MA Zip Code 01109-2550

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

Name of Employer Kindred Hospital Park View Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 18663435
Amount of Each Receipt this Period 500.00

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

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 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 ▼ 278.78

Date of Receipt 10 / 01 / 2010
Transaction ID: 18663690
Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Hanover

Mailing Address 85 Herrick Street

City Beverly State MA Zip Code 01915-1790

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010
Transaction ID: 18665428
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1005.00

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 / 104
(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. Timothy J Tracy

Mailing Address 20 South Plum Street

City State Zip Code
Vermillion SD 57069-3346

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

Name of Employer Occupation
Sanford Vermillion 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
1 0 / 1 3 / 2 0 1 0

Transaction ID: 18665430

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Leslie A. Joseph

Mailing Address 330 Mount Auburn Street

City State Zip Code
Cambridge MA 02138-5502

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

Name of Employer Occupation
Mount Auburn Hospital Vice President, General Counsel

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

Date of Receipt

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

Transaction ID: 18665434

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Ms Kathryn Burke

Mailing Address 1561 Quaker Street

City State Zip Code
Northbridge MA 01534-1328

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

Name of Employer Occupation
Mount Auburn Hospital V.P. Contracting & Bus. Development

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

Date of Receipt

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

Transaction ID: 18665435

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 104
	<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)
Ms. Eileen Dillon

Mailing Address 3 Newton Rd

City State Zip Code
Arlington MA 02474-3209

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

Name of Employer Mount Auburn Hospital Occupation Exexecutive Director, Quality & Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 18665436

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 681 East 5th Street #2

City State Zip Code
Boston MA 02127-3201

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

Name of Employer Massachusetts Hospital Association Occupation Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt

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

Transaction ID: 18665439

Amount of Each Receipt this Period
240.00

C.

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

Mailing Address 2739 N. Lakeharbor

City State Zip Code
Boise ID 83703-6240

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

Name of Employer Saint Alphonsus Regional Medical Cente Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 18665734

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **990.00**

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 / 104
(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. Steven A. Millard

Mailing Address 2268 E. Shalimar Dr

City State Zip Code
Eagle ID 83616-6608

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

Name of Employer Occupation
Idaho Hospital Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2010

Transaction ID: 18665735

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1824 Jones Road

City State Zip Code
Weiser ID 83672-5536

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

Name of Employer Occupation
Weiser Memorial Hospital Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2010

Transaction ID: 18665736

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sheryl Rickard

Mailing Address Box 1448

City State Zip Code
Sandpoint ID 83864-0877

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

Name of Employer Occupation
Bonner General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2010

Transaction ID: 18665737

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 16 / 104
(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. Gary Fletcher

Mailing Address 190 East Bannock Street

City State Zip Code
Boise ID 83712-6241

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

Name of Employer St. Luke's Regional Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18665738

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Norman F Stephens

Mailing Address 651 Memorial Drive

City State Zip Code
Pocatello ID 83201-4071

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

Name of Employer Portneuf Medical Center
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
1 0 / 0 4 / 2 0 1 0

Transaction ID: 18665751

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2001 Washington Street

City State Zip Code
Braintree MA 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 ▼
350.00

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

Transaction ID: 18668569

Amount of Each Receipt this Period
350.00

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 17 / 104
(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 C Cannon

Mailing Address 12844 Military Road South

City State Zip Code
Seattle WA 98168-9981

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

Name of Employer
Regional Hospital for Respiratory and
Occupation
Administrator and Chief Executive Offi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18678792

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr Robert A Caplan

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer
Virginia Mason Medical Ce-
Occupation
Medical Director of Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18678793

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. George Beauregard

Mailing Address 363 Highland Avenue

City State Zip Code
Fall River MA 02720-3703

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

Name of Employer
Southcoast Hospitals Group
Occupation
Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: 18678811

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 18 / 104
(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 Bodenmann

Mailing Address 363 Highland Avenue

City State Zip Code
Fall River MA 02720-3703

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

Name of Employer Occupation
Southcoast Hospitals Group Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: 18678812

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Steven F Bradley

Mailing Address 759 Chestnut Street

City State Zip Code
Springfield MA 01199-0001

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

Name of Employer Occupation
Baystate Health, Inc. Vice President Government & Community

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: 18678814

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Timothy F. Gens

Mailing Address 5 New England Executive Park

City State Zip Code
Burlington MA 01803-5010

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

Name of Employer Occupation
Massachusetts Hospital Association Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: 18678817

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 104

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Gijanto

Mailing Address 164 High Street

City State Zip Code
Greenfield MA 01301-2613

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

Name of Employer Occupation
Baystate Franklin Medical Center President

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

Date of Receipt

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

Transaction ID: 18678818

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas P Glynn, , Ph.D.

Mailing Address 800 Boylston Street, Ste 1150

City State Zip Code
Boston MA 02199-8001

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

Name of Employer Occupation
Partners HealthCare System, Inc. Administraror, Chief Operating Officer

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

Date of Receipt

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

Transaction ID: 18678819

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Mark L Goldstein

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3867

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

Name of Employer Occupation
Anna Jaques Hospital Chief Financial Officer

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

Date of Receipt

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

Transaction ID: 18678820

Amount of Each Receipt this Period

250.00

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 20 / 104
(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. Amber Gravett

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center Director, Organization Quality Develop

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18678826

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr Bruce Harlow

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18678827

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Glen Marshall

Mailing Address 300 Elliott Avenue West

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Occupation
Kennewick General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18678828

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 21 / 104
(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. Ronald O'Halloran

Mailing Address 36 Klondike Road

City Republic State WA Zip Code 99166-9701

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

Name of Employer Ferry County Memorial Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010
Transaction ID: 18678829
Amount of Each Receipt this Period 250.00

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

Mailing Address 1243 17th Ave. E

City Seattle State WA Zip Code 98112-3316

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

Name of Employer Washington State Hospital Association Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010
Transaction ID: 18678830
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr Preston M Simmons

Mailing Address 1321 Colby Avenue

City Everett State WA Zip Code 98201-1665

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

Name of Employer Providence Regional Medical Center Eve Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010
Transaction ID: 18678832
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: (check only one)	PAGE 22 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kim Williams	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 2815 Kayak View Place	Transaction ID: 18678833
	City State Zip Code Camano Island WA 98282-5022	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Providence Regional Medical Center Eve Occupation Interim CNE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Rand J Wortman	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 888 Swift Boulevard	Transaction ID: 18678834
	City State Zip Code Richland WA 99352-3542	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kadlec Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. David T. Brooks	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 1321 Colby Avenue	Transaction ID: 18678835
	City State Zip Code Everett WA 98201-1600	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Providence Health System/- NWSA Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 104
(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. Gregg A Davidson, , FACHE

Mailing Address P O Box 1376

City State Zip Code
Mount Vernon WA 98273-1376

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

Name of Employer Skagit Valley Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18678836

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr Jack Evans

Mailing Address 1201 South Miller Street

City State Zip Code
Wenatchee WA 98801-3201

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

Name of Employer Central Washington Hospital Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18678837

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Victoria S. Galanti

Mailing Address 300 Elliott Avenue W.
Ste. 300

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Washington State Hospital Association Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18678838

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 24 / 104
(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. Leo F. Greenawalt

Mailing Address 4423 E. Sequim Bay Road

City State Zip Code
Sequim WA 98382-9679

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

Name of Employer Occupation
Washington State Hospital President and Chief Executive Officer
Association

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

Date of Receipt

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

Transaction ID: 18678839

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address P O Box 1600

City State Zip Code
Vancouver WA 98668-1600

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

Name of Employer Occupation
Southwest Washington Medi- President and Chief Executive Officer
cal Center

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

Date of Receipt

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

Transaction ID: 18678840

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey A. Mero

Mailing Address 23123- 23rd Avenue

City State Zip Code
Brier WA 98036-8383

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

Name of Employer Occupation
Association of WA Public Executive Director
Hospital Dist

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

Date of Receipt

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

Transaction ID: 18678841

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 25 / 104
(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. Gary V Peck

Mailing Address P O Box 197

City State Zip Code
Chewelah WA 99109-0197

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

Name of Employer Providence St. Joseph's Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: 18678842

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Susan Green

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

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

Name of Employer Lowell General Hospital
Occupation Vice President & Chief Financial Offic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 18678843

Amount of Each Receipt this Period
250.00

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

Mailing Address 363 Highland Avenue

City State Zip Code
Fall River MA 02720-3700

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

Name of Employer Southcoast Hospitals Group
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
1	0	/	1	3	/	2	0	1	0

Transaction ID: 18678844

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 26 / 104
(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. Margaret Hanson, R.N.
Mailing Address 800 Washington Street
City Norwood State MA Zip Code 02062-3487
FEC ID number of contributing federal political committee. **C**
Name of Employer Caritas Norwood Hospital Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 13 / 2010
Transaction ID: 18678845
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Amy J. Hoey
Mailing Address 295 Varnum Avenue
City Lowell State MA Zip Code 01854-2134
FEC ID number of contributing federal political committee. **C**
Name of Employer Lowell General Hospital Occupation Vice President, Patient Care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 13 / 2010
Transaction ID: 18678846
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. John J. Holiver
Mailing Address 736 Cambridge Street
City Boston State MA Zip Code 02135-2907
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Elizabeth's Medical Center Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 13 / 2010
Transaction ID: 18678847
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 27 / 104
(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. 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 ▼ 250.00

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

Transaction ID: 18678848

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Craig A. Jesiolowski

Mailing Address 795 Middle Street

City State Zip Code
Fall River MA 02721-1733

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

Name of Employer Occupation
Saint Anne's 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 Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 18678849

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 14 Prospect Street

City State Zip Code
Milford MA 01757-3090

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

Name of Employer Occupation
Milford Regional Medical Center Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18678850

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: (check only one)	PAGE 28 / 104
	<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 T. Kirkpatrick		Date of Receipt
	Mailing Address 73 North Ave.		<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 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Mendon	MA	01756-1015
	FEC ID number of contributing federal political committee. C		Transaction ID: 18678851
Name of Employer Massachusetts Hospital Association		Occupation Senior VP, Healthcare Finance & Manage	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"/> 350.00

B.	Full Name (Last, First, Middle Initial) Mr. John A. Lodico		Date of Receipt
	Mailing Address 12 Davis Street		<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 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Belmont	MA	02478-5030
	FEC ID number of contributing federal political committee. C		Transaction ID: 18678852
Name of Employer Massachusetts Hospital Association		Occupation Communications Manager	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

C.	Full Name (Last, First, Middle Initial) Mr. John Bomher		Date of Receipt
	Mailing Address 1151 E. Warrenville Road		<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 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Naperville	IL	60563-9339
	FEC ID number of contributing federal political committee. C		Transaction ID: 18678854
Name of Employer Illinois Hospital Association		Occupation Senior VP, Health Policy	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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL 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 29 / 104
(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. James Dan

Mailing Address 511 Forest Mews

City State Zip Code
Oak Brook IL 60523-2643

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

Name of Employer Advocate Health Care Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18678855

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1324 North Sheridan Road

City State Zip Code
Waukegan IL 60085-2161

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

Name of Employer Vista Medical Center East Occupation Vice President of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18678856

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms Bridgett Gibbons

Mailing Address 2132 West Warner

City State Zip Code
Chicago IL 60618-3032

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

Name of Employer Advocate South Suburban Hospital Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18678857

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 30 / 104
(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. James M. Hohner

Mailing Address 2159 W. Agatite

City Chicago State IL Zip Code 60625-1705

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

Name of Employer Advocate Health Care Occupation Director, Advocate Health Care Foundat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: 18678858
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Roger S Hunt

Mailing Address P O Box 2850

City Bloomington State IL Zip Code 61702-2850

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

Name of Employer Advocate BroMenn Regional Medical Cent Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: 18678859
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 344.50

Date of Receipt: 10 / 13 / 2010
Transaction ID: 18678860
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 31 / 104
(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. Kenneth W Lukhard

Mailing Address 4440 West 95th Street

City State Zip Code
Oak Lawn IL 60453-2600

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

Name of Employer Advocate Christ Medical Center Occupation President

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

Date of Receipt

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

Transaction ID: 18678864

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Barbara J Martin, , R.N.

Mailing Address 1324 North Sheridan Road

City State Zip Code
Waukegan IL 60085-2161

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

Name of Employer Vista Medical Center East Occupation President and 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
1	0	/	1	3	/	2	0	1	0

Transaction ID: 18678865

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr William P Santulli

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

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

Name of Employer Advocate Health Care Occupation Executive Vice President and Chief Ope

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

Date of Receipt

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

Transaction ID: 18678869

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 32 / 104
(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. David L. Schreiner

Mailing Address 1435 Tilton Park Drive

City State Zip Code
Dixon IL 61021-1437

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

Name of Employer: Katherine Shaw Bethea Hospital
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: 18678870
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 5901 Mount Eagle Drive

City State Zip Code
Alexandria VA 22303-2502

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

Name of Employer: Inova Alexandria Hospital
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 10 / 06 / 2010
Transaction ID: 18678889
 Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Alfred E. Pilon, Jr.

Mailing Address 1840 Amherst Street

City State Zip Code
Winchester VA 22601-2808

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

Name of Employer: Valley Health System
Occupation: President, Winchester Medical Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 10 / 06 / 2010
Transaction ID: 18678890
 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 33 / 104
(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. Mark Runyon

Mailing Address 43101 Finders Lane

City State Zip Code
South Riding VA 20152-3444

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

Name of Employer Inova Health System Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18678891

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 Sentara Healthcare Occupation Director of Network Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18678892

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Rick Mohnk

Mailing Address 92 Dunn Rd

City State Zip Code
Ashburnham MA 01430-3041

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

Name of Employer Health Alliance Hospitals Occupation Chief Information 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
1 0 / 1 3 / 2 0 1 0

Transaction ID: 18679069

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 104
(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. Patrick L Muldoon, , FACHE

Mailing Address 60 Hospital Road

City State Zip Code
Leominster MA 01453-2205

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

Name of Employer Health Alliance Hospitals Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18679070

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 132 Turnpike Road Suite 200

City State Zip Code
Southborough MA 01772-2129

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

Name of Employer Vanguard Health Systems New England Ma Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 18679071

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3867

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

Name of Employer Anna Jaques Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

Transaction ID: 18679073

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 104

(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. Polanowicz

Mailing Address 2 Abenaki Road

City State Zip Code
Northborough MA 01532-2433

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

Name of Employer Occupation
UMass Memorial-Marlborough Hospital President & CEO

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

Date of Receipt

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

Transaction ID: 18679074

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Francis M Saba

Mailing Address 14 Prospect Street

City State Zip Code
Milford MA 01757-3090

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

Name of Employer Occupation
Milford Regional Medical Center Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 18679075

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen Salvo

Mailing Address 17 Marsh Avenue

City State Zip Code
Newbury MA 01951-2402

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

Name of Employer Occupation
Anna Jaques Hospital Vice President, Human Resources

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

Date of Receipt

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

Transaction ID: 18679076

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 104
(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. Lester P Schindel
Mailing Address 70 East Street
City State Zip Code
Methuen MA 01844-4597
FEC ID number of contributing federal political committee. **C**
Name of Employer Caritas Holy Family Hospital and Medic
Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 13 / 2010
Transaction ID: 18679077
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Christine C Schuster, RN, MBA
Mailing Address 133 Old Rd to Nine Acre Corner
City State Zip Code
Concord MA 01742-9120
FEC ID number of contributing federal political committee. **C**
Name of Employer Emerson Hospital
Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 13 / 2010
Transaction ID: 18679078
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry J Archbell
Mailing Address 3100 East Fletcher Avenue
City State Zip Code
Tampa FL 33613-4613
FEC ID number of contributing federal political committee. **C**
Name of Employer University Community Hospital
Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 07 / 2010
Transaction ID: 18679083
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 104
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael D. Aubin

Mailing Address 6445 Renwick Circle

City Tampa State FL Zip Code 33647-1176

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

Name of Employer BayCare Health System Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 18679084
 Amount of Each Receipt this Period: 350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Gladys Baxley

Mailing Address 11507 Orilla Del Rio PL

City Tampa State FL Zip Code 33617-2624

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

Name of Employer Lakeland Regional Medical Center Occupation Director Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 18679085
 Amount of Each Receipt this Period: 300.00

C.

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

Mailing Address 3563 Phillips Highway Suite 101

City Jacksonville State FL Zip Code 32207-5663

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

Name of Employer Baptist Health Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 18679086
 Amount of Each Receipt this Period: 100.00

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 38 / 104
(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 Goldstein

Mailing Address 1414 Kuhl Avenue

City State Zip Code
Longwood FL 32806-2093

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

Name of Employer Occupation
Orlando Regional Healthcare Vice President Finance and Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 18679089
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Mr. Lars D Houmann

Mailing Address 601 East Rollins Street

City State Zip Code
Orlando FL 32803-1248

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

Name of Employer Occupation
Florida Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 18679091
Amount of Each Receipt this Period: 100.00

C. 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 ▼ 500.00

Date of Receipt: 10 / 07 / 2010
Transaction ID: 18679093
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 / 104
(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. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City State Zip Code
Orange City FL 32763-8468

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

Name of Employer Florida Hospital Fish Memorial
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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18679095

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Steven M Johnson

Mailing Address P O Box 59515

City State Zip Code
Panama City FL 32402-2515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18679096

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address 301 Memorial Medical Parkway

City State Zip Code
Daytona Beach FL 32117-5167

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

Name of Employer Florida Hospital Memorial Medical Cent
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18679097

Amount of Each Receipt this Period
500.00

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 40 / 104
(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. Keith Lundquist

Mailing Address 1600 Sunny Brook Lane

City State Zip Code
Palm Bay FL 32905-6527

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

Name of Employer Health First, Inc. Occupation VP, Marketing & Community Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18679098

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael D Means

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 Health First, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18679100

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen A Purves, , FACHE

Mailing Address P O Box 6000

City State Zip Code
Ocala FL 34478-6000

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18679101

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Rick Phelps		Date of Receipt
	Mailing Address 366 Wallace Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Bedford	NH	03110-4829
	FEC ID number of contributing federal political committee. C		Transaction ID: 18679104
Name of Employer Elliot Hospital		Occupation Executive Vice President & COO	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"/> 350.00

B.	Full Name (Last, First, Middle Initial) Ms. Anne Jamieson, , FACHE		Date of Receipt
	Mailing Address 333 Borthwick Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Portsmouth	NH	03801-7128
	FEC ID number of contributing federal political committee. C		Transaction ID: 18679105
Name of Employer Portsmouth Regional Hospital		Occupation 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"/> 350.00

C.	Full Name (Last, First, Middle Initial) Ms. Nancy A. Formella		Date of Receipt
	Mailing Address One Medical Center Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Lebanon	NH	03756-1000
	FEC ID number of contributing federal political committee. C		Transaction ID: 18679106
Name of Employer Dartmouth-Hitchcock Medical Center		Occupation 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"/> 350.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL 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 42 / 104

(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. Michelle McEwen

Mailing Address 16 Hospital Road

City State Zip Code
Plymouth NH 03264-1126

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

Name of Employer Occupation
Spere 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
1 0 / 0 8 / 2 0 1 0

Transaction ID: 18679108

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr Mike Schultz

Mailing Address 1437 Langham Terrace

City State Zip Code
Lake Mary FL 32746-1967

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

Name of Employer Occupation
Florida Hospital CEO Florida Region

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 18679111

Amount of Each Receipt this Period

100.00

C.

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.78

Date of Receipt

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

Transaction ID: 18679123

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional) ▶

648.13

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 104
(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. 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 ▼
375.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 18679137

Amount of Each Receipt this Period
62.50

B.

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 ▼
288.78

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 18679144

Amount of Each Receipt this Period
48.13

C.

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 ▼
288.78

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 18679147

Amount of Each Receipt this Period
48.13

SUBTOTAL of Receipts This Page (optional) ► **158.76**

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 / 104
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 300 Rockefeller Drive

City State Zip Code
Muskogee OK 74401-5075

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

Name of Employer Occupation
Muskogee Regional Medical Center Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

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

Transaction ID: 18679169

Amount of Each Receipt this Period
240.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joe Duerr

Mailing Address 501 14th Street

City State Zip Code
Perry OK 73077-5099

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

Name of Employer Occupation
Perry Memorial 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
1 0 / 1 3 / 2 0 1 0

Transaction ID: 18679170

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Shelly Dunham

Mailing Address P O Box 489

City State Zip Code
Okeene OK 73763-0489

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

Name of Employer Occupation
Okeene Municipal Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.00

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

Transaction ID: 18679171

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **511.00**

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 / 104
(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. Norma Howard

Mailing Address 1 Hospital Drive

City State Zip Code
Madill OK 73446

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

Name of Employer Occupation
Johnston Memorial Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18679176

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Debbie Howe

Mailing Address 3701 East Main Street

City State Zip Code
Weatherford OK 73096-3309

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

Name of Employer Occupation
Weatherford Regional 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
1 0 / 1 3 / 2 0 1 0

Transaction ID: 18679177

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Greg Martin

Mailing Address 1310 South Main Street

City State Zip Code
Grove OK 74344-1348

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

Name of Employer Occupation
Integrus Grove General Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18679179

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 46 / 104
(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. David Phillips

Mailing Address 1923 South Utica Avenue

City Tulsa State OK Zip Code 74104-6520

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

Name of Employer St. John Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2010
Transaction ID: 18679181
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey S Tarrant, FACHE

Mailing Address P O Box 3168

City Enid State OK Zip Code 73702-3168

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

Name of Employer Integris Bass Baptist Health Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2010
Transaction ID: 18679182
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Bobby G Thompson

Mailing Address 430 North Monta Vista

City Ada State OK Zip Code 74820-4610

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

Name of Employer Valley View Regional Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2010
Transaction ID: 18679183
Amount of Each Receipt this Period 175.00

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 47 / 104
(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. Brian K Woodliff

Mailing Address P O Box 1008

City State Zip Code
Tahlequah OK 74465-1008

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

Name of Employer Occupation
Tahlequah City Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: 18679191

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 423 Glendora Avenue

City State Zip Code
Dayton OH 45409-2204

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

Name of Employer Occupation
Good Samaritan Hospital President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 18679201

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Cynthia Ann Moore-Hardy

Mailing Address 10 East Washington

City State Zip Code
Painesville OH 44077-3460

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

Name of Employer Occupation
Lake Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2010

Transaction ID: 18680094

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 48 / 104
(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. Dale E Thornton, , M.P.H.,

Mailing Address 45 St Lawrence Drive

City State Zip Code
Tiffin OH 44883-8310

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

Name of Employer Occupation
Mercy Hospital of Tiffin 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18680100

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 3827 Paxton Ave
Apt. 937

City State Zip Code
Cincinnati OH 45209-2419

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

Name of Employer Occupation
Christ 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18680102

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 272 Hospital Road

City State Zip Code
Chillicothe OH 45601-9031

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

Name of Employer Occupation
Adena Health System 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: 18680132

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: (check only one)	PAGE 49 / 104
	<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. William Blanton		Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 4309 Blackthorne Ct		Transaction ID: 18680151
	City Virginia Beach	State VA	Zip Code 23455-4549
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Sentara Healthcare	Occupation VP for Underwriting & Actuarial Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert Dunton, MD		Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 5108 Waterford Pl		Transaction ID: 18680152
	City Suffolk	State VA	Zip Code 23435-3527
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Maryview Medical Center	Occupation Director of Physicians	
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 Richard L Haushalter		Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 235 Cantrell Avenue		Transaction ID: 18680153
	City Harrisonburg	State VA	Zip Code 22801-3293
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Rockingham Memorial Hospi- tal	Occupation Vice President Finance and Chief Finan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

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

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

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

FOR LINE NUMBER: PAGE 50 / 104

(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. Nancy Herman

Mailing Address 7678 Wankoma Dr

City State Zip Code
Remington VA 22734-9620

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

Name of Employer Occupation
Fauquier Hospital Nurse Manger

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

Date of Receipt

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

Transaction ID: 18680154

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Mr Michael King

Mailing Address 4271 Brown Roan Ln

City State Zip Code
Harrisonburg VA 22801-8310

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

Name of Employer Occupation
Rockingham Memorial Hospital SVP, Finance & CFO

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

Date of Receipt

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

Transaction ID: 18680155

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Patricia Knowles

Mailing Address 9994 Ashley Manor Ct

City State Zip Code
Fairfax VA 22032-3632

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

Name of Employer Occupation
Inova Fairfax Hospital Executive Director, Cardiovascular Ser

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

Date of Receipt

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

Transaction ID: 18680156

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) ▶

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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 51 / 104
(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. Heather Russell

Mailing Address 3300 Gallow Rd

City Falls Church State VA Zip Code 22042-3307

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

Name of Employer Inova Fairfax Hospital Occupation Sr Dir, Critical Care & Neuro Sciences

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18680158

Amount of Each Receipt this Period
 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. John O. Phelps

Mailing Address P.O. Box 170

City Carthage State MO Zip Code 64836-0170

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

Name of Employer McCune-Brooks Regional Hospital Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18680161

Amount of Each Receipt this Period
 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Vivian Austin

Mailing Address 10 Shorecrest Court

City Savannah State GA Zip Code 31410-1054

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

Name of Employer St. Joseph's/Candler, Candler Hospital Occupation Nursing Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18680176

Amount of Each Receipt this Period
 250.00

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 52 / 104
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 3423 Kenilworth Ct

City State Zip Code
Snellville GA 30039-4919

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

Name of Employer DeKalb Medical Center Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18680190

Amount of Each Receipt this Period
175.00

B.

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

Mailing Address 1199 Prince Avenue

City State Zip Code
Athens GA 30606-2797

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

Name of Employer Athens Regional Medical Center 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
1 0 / 0 6 / 2 0 1 0

Transaction ID: 18680194

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Billy Hayes

Mailing Address 212 Miller Heights

City State Zip Code
Canton GA 30114-7957

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

Name of Employer Northside Hospital - Cherokee Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18680202

Amount of Each Receipt this Period
250.00

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 53 / 104
(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. Phillip S. Schaengold, J.D.

Mailing Address P O Box 23089

City Savannah State GA Zip Code 31403-3089

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

Name of Employer Memorial Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 06 / 2010
Transaction ID: 18680233
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kurt Stuenkel,, FACHE

Mailing Address P O Box 233

City Rome State GA Zip Code 30162-0233

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 06 / 2010
Transaction ID: 18680244
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address P O Box 139

City Waycross State GA Zip Code 31502-0139

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 06 / 2010
Transaction ID: 18680251
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 54 / 104
(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. Gene B. Wright

Mailing Address P O Box 1059

City State Zip Code
Thomaston GA 30286-0027

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

Name of Employer Occupation
Upson Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18680259

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1154 E. Boulevard

City State Zip Code
Pine Village IN 47975-8053

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

Name of Employer Occupation
St. Vincent Williamsport Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18680276

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dennis W Dawes, , FACHE

Mailing Address 36 Brandywine Court

City State Zip Code
Brownsburg IN 46112-1076

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

Name of Employer Occupation
Hendricks Regional Health President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18680279

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: (check only one)	PAGE 55 / 104
	<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 Paul Janssen	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 601 Hosier Dr.	Transaction ID: 18680293
	City State Zip Code New Castle IN 47362-2940	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Henry County Hospital Occupation Senior Vice President and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gary A Meyer	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 2280 Locust Court East	Transaction ID: 18680307
	City State Zip Code Seymour IN 47274-8672	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Schneck Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Nafziger	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 10418 Flutter Road	Transaction ID: 18680311
	City State Zip Code Fort Wayne IN 46835-9392	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Parkview Health Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 56 / 104
(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. Kirk M Ray

Mailing Address 11709 Woodstream Ridge Court

City State Zip Code
Fort Wayne IN 46845-1909

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

Name of Employer Occupation
DeKalb Memorial 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
1 0 / 0 6 / 2 0 1 0

Transaction ID: 18680320

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Brian T Shockney, , FACHE

Mailing Address 4514 Duckhorn Lane

City State Zip Code
Lafayette IN 47909-8412

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

Name of Employer Occupation
Clarian Arnett Hospital COO

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

Date of Receipt

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

Transaction ID: 18680323

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 13664 Smokey Ridge Place

City State Zip Code
Carmel IN 46033-9263

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

Name of Employer Occupation
St. Vincent Health Chief Strategy Officer

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

Date of Receipt

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

Transaction ID: 18680327

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 57 / 104
(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. Lawrence R. Ulrich

Mailing Address 4655 Running Brook Terr

City Greenwood State IN Zip Code 46143-9255

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

Name of Employer Four County Counseling Center Occupation Executive Director and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2010

Transaction ID: 18680333

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas J. VanOsdol

Mailing Address 13772 Wyandotte Place

City Fishers State IN Zip Code 46038-4500

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

Name of Employer Saint John's Health System Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2010

Transaction ID: 18680334

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Marlene Weatherwax

Mailing Address 6906 S. Five Points Road

City Indianapolis State IN Zip Code 46259-9754

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

Name of Employer Columbus Regional Hospital Occupation Vice President and Chief Financial Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010

Transaction ID: 18680337

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 58 / 104
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 4301 NW Valley Road

City State Zip Code
Topeka KS 66618-3445

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

Name of Employer Occupation
Kansas Hospital Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.17

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18680350

Amount of Each Receipt this Period
67.30

B.

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

Mailing Address 1020 Parkshire Cir

City State Zip Code
Manhattan KS 66503-2475

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

Name of Employer Occupation
Mercy Regional Health Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18680359

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1201 West 12th Avenue

City State Zip Code
Emporia KS 66801-2504

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

Name of Employer Occupation
Newman Regional Health Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 18680380

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **567.30**

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 / 104
(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. Dennis L George

Mailing Address P O Box 189

City Burlington State KS Zip Code 66839-0189

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

Name of Employer Coffey County Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010

Transaction ID: 18680391

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Melissa Levy Hungerford

Mailing Address 6448 SW Bayshore Dr

City Auburn State KS Zip Code 66402-9324

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

Name of Employer Kansas Hospital Association Occupation Sr. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.37

Date of Receipt 10 / 06 / 2010

Transaction ID: 18680414

Amount of Each Receipt this Period 67.30

C.

Full Name (Last, First, Middle Initial)
Dr. John H Jeter, , M.D.

Mailing Address P O Box 8100

City Hays State KS Zip Code 67601-8100

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010

Transaction ID: 18680417

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **567.30**

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 / 104
(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. Fred J. Lucky

Mailing Address 14607 W 89

City State Zip Code
Lenexa KS 66215-2967

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

Name of Employer Occupation
Kansas Hospital Association Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 552.45

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2010

Transaction ID: 18680431

Amount of Each Receipt this Period

151.45

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory S Lundstrom

Mailing Address 605 West Lincoln Street

City State Zip Code
Lindsborg KS 67456-2328

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

Name of Employer Occupation
Kansas Hospital Association Administrator and Chief Executive Offi

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2010

Transaction ID: 18680433

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert T. Meling

Mailing Address 13005 Catalina Street

City State Zip Code
Leawood KS 66209-2392

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

Name of Employer Occupation
Associated Purchasing Services Corpora Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.38

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2010

Transaction ID: 18680440

Amount of Each Receipt this Period

67.31

SUBTOTAL of Receipts This Page (optional) ▶

468.76

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

468.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 104
(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. Kent E. Palmberg, M.D.

Mailing Address 1216 SW Westside Drive

City State Zip Code
Topeka KS 66615-1236

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

Name of Employer Stormont-Vail HealthCare Occupation Senior Vice President and Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18680458

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Janet Stanek

Mailing Address 6755 SW Dancaster Road

City State Zip Code
Topeka KS 66610-1412

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

Name of Employer Stormont-Vail HealthCare Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18680477

Amount of Each Receipt this Period
500.00

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

Mailing Address 401 East Spuce Street

City State Zip Code
Garden City KS 67846-5679

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

Name of Employer St. Catherine 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
1 0 / 0 6 / 2 0 1 0

Transaction ID: 18680486

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 62 / 104
(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 John E. Yox

Mailing Address 2220 Center

City State Zip Code
Garden City KS 67846-3517

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

Name of Employer Occupation
St. Catherine Hospital Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18680502

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code
Alexandria VA 22301-1216

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

Name of Employer Occupation
American Hospital Association-Washingt Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: PR1034595124262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR1045726224262

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **310.00**

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 63 / 104
	(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

A.	Full Name (Last, First, Middle Initial) Mr. David Schulke	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1057462124262
	City Washington State DC Zip Code 20004-2801	Amount of Each Receipt this Period 58.82
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.82 Bi-Weekly)
	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 ▼ 705.84	

B.	Full Name (Last, First, Middle Initial) Ms. Sarah Berk	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1082532724262
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1113464224262
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	86.82
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 104
	<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. Lisa Allen		Date of Receipt
	Mailing Address One North Franklin		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60606-3436
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1118928224262
Name of Employer American Hospital Association-Chicago		Occupation Sr. Vice President, Chief Human Resources	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" value="246.96"/>	<input type="text" value="20.58"/>
			P/R Deduction (\$20.58 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
	Mailing Address One North Franklin		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60606-3436
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1260472924262
Name of Employer American Hospital Association-Chicago		Occupation Director of Professional Practice, AON	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" value="280.00"/>	<input type="text" value="14.00"/>
			P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Baskett		Date of Receipt
	Mailing Address 325 Seventh Street, NW		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-2802
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1332167424262
Name of Employer American Hospital Association-Washingt		Occupation Associate Director, Policy	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" value="270.47"/>	<input type="text" value="15.91"/>
			P/R Deduction (\$15.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.49"/>
TOTAL 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 65 / 104
(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. James Wadzinski

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 Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: PR1347703424262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Jack A. Mackay

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 & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: PR1347703624262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Susan Gergely

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Director of Operations, AONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR1347791024262

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **54.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Washington	State DC	Zip Code 20004-2802
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1384065324262
	Amount of Each Receipt this Period 20.00		
Name of Employer American Hospital Association-Washingt		Occupation Associate Director, Federal Relations	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 ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Ms. Sharon Allen		Date of Receipt
	Mailing Address 155 North Wacker Drive		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Chicago	State IL	Zip Code 60606-1709
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1474886224262
	Amount of Each Receipt this Period 17.50		
Name of Employer American Hospital Association-Chicago		Occupation Membership and Marketing Manager ASHHR	P/R Deduction (\$17.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Colucci		Date of Receipt
	Mailing Address 1061 N Penny Ln		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Palatine	State IL	Zip Code 60067-1821
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1475133724262
	Amount of Each Receipt this Period 20.00		
Name of Employer American Hospital Association-Chicago		Occupation National Director Sponsorship and Unde	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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	57.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 104
	<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. Stephanie H. Drake	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1492459924262
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Executive Director - ASHHRA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Monica D Day	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 10224 Prince Place #205	Transaction ID: PR1516850624262
	City State Zip Code Largo MD 20774-1210	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Elisa Arespachoga	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1555656224262
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Associate Director, Constituency Secti Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	48.00
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 68 / 104
	<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. Clinton S. Manning	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1555656524262
	City Washington State DC Zip Code 20004-2802	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Asst. Director Advocacy & Member Commu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Ms. Kathy Poole	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1589439924262
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert Kehoe	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1625368324262
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 16.67
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.67 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.72	

SUBTOTAL of Receipts This Page (optional)	44.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 104
(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. Kelly Redmond

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

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

Name of Employer American Hospital Association-Chicago Occupation Director Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1625588824262

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

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

Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.72

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1648726624262

Amount of Each Receipt this Period 16.67

P/R Deduction (\$16.67 Bi-Weekly)

C.

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 ▼ 772.65

Date of Receipt 10 / 13 / 2010

Transaction ID: PR1671258624262

Amount of Each Receipt this Period 45.45

P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 76.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 104
	<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 P David	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1677512424262
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 45.45
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.45 Bi-Weekly)
	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 ▼ 772.65	

B.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327629124262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 11004 Petersborough Drive	Transaction ID: PR327745924262
	City State Zip Code Rockville MD 20852-3249	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	125.45
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 / 104
(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. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 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 ▼ 400.00

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

Transaction ID: PR327771624262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Director, Long-Term Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR327777224262

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
Oak Park IL 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 ▼ 800.00

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

Transaction ID: PR327777824262

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **74.00**

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 / 104
(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. 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 ▼ 400.00

Date of Receipt

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

Transaction ID: PR327801724262

Amount of Each Receipt this Period
20.00

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 ▼ 800.00

Date of Receipt

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

Transaction ID: PR327812024262

Amount of Each Receipt this Period
40.00

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 ▼ 400.00

Date of Receipt

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

Transaction ID: PR327831724262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 73 / 104
	<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 J. Donovan	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin Street	Transaction ID: PR327846224262
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 2401 Calvert Street, NW Apt. 1008	Transaction ID: PR327851924262
	City State Zip Code Washington DC 20008-2614	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858024262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 74 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John F. Barry	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin	Transaction ID: PR327877824262
	City State Zip Code Millis MA 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 130 North Garland Court #3002	Transaction ID: PR327895724262
	City State Zip Code Chicago IL 60602-4750	Amount of Each Receipt this Period 45.00
	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 ▼ 775.00	P/R Deduction (\$45.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327906124262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Director Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	99.00
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 75 / 104
(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. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Director Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR327918924262

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR328132824262

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

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

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 ▼ 800.00

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

Transaction ID: PR328136924262

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **94.00**

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 76 / 104
	<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. Lauren A. Barnett	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address One North Franklin Street	Transaction ID: PR328174924262
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Executive Director, SHSMD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 5545 North Wayne	Transaction ID: PR328223824262
	City State Zip Code Chicago IL 60640-1318	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	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 ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 1093 N. Faldo Way	Transaction ID: PR328241424262
	City State Zip Code Eagle ID 83616-5369	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	74.00
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 / 104
(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 J. Pollack

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR328260924262

Amount of Each Receipt this Period 40.00

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 Washington State DC Zip Code 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 ▼ 810.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR328341824262

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

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

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR328511824262

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 / 104
(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. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code
Arlington VA 22205-2726

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: PR328512024262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. George Arges

Mailing Address One North Franklin St.

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Senior Director, Health Data Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: PR328641124262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address One North Franklin Ave.

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation President & CEO, AHA Solutions, Inc. &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt

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

Transaction ID: PR328913324262

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 / 104
(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. 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 ▼ 400.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR329013424262
Amount of Each Receipt this Period: 20.00
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 ▼ 800.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR329071324262
Amount of Each Receipt this Period: 40.00
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 ▼ 400.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR329084424262
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 80.00

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 80 / 104
(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. 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 ▼ 800.00

Date of Receipt

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

Transaction ID: PR329215724262

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Bi-Weekly)

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

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 Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR329342624262

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City State Zip Code
Chicago IL 60626-3861

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR329654224262

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **68.00**

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 81 / 104
(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. 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 ▼ 400.00

Date of Receipt

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

Transaction ID: PR330343324262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 400.00

Date of Receipt

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

Transaction ID: PR330411624262

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Maureen D. Mudron

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 Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR330465224262

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **54.00**

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 82 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 4960 138th Circle West	Transaction ID: PR330475424262
	City State Zip Code Apple Valley MN 55124-9229	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	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 ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 6109 North 9th Road	Transaction ID: PR330534324262
	City State Zip Code Arlington VA 22205-1609	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address One North Franklin	Transaction ID: PR330547724262
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 / 104
(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. 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 ▼ 800.00

Date of Receipt

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

Transaction ID: PR330549224262

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Bi-Weekly)

B. 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 ▼ 400.00

Date of Receipt

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

Transaction ID: PR331098324262

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

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

Name of Employer American Hospital Association-Washingt
Occupation Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR331278824262

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **74.00**

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 84 / 104
	<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. Darlene S. Vanderbush	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 26 West Glendale Ave.	Transaction ID: PR331304224262
	City State Zip Code Alexandria VA 22301-2402	Amount of Each Receipt this Period 53.33
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 733.30	P/R Deduction (\$53.33 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR331379124262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR331386924262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	81.33
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 85 / 104
	<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. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Austin	TX	78761-5587
	FEC ID number of contributing federal political committee. C		Transaction ID: PR331416024262
Name of Employer American Hospital Association-Chicago		Occupation AHA Regional Executive for TX	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" value="1200.00"/>	<input type="text" value="60.00"/>
			P/R Deduction (\$60.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Woodin Dale		Date of Receipt
	Mailing Address 800 W. Central Road		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Arlington Heights	IL	60005-2349
	FEC ID number of contributing federal political committee. C		Transaction ID: PR331481324262
Name of Employer American Hospital Association-Chicago		Occupation Executive Director, ASHE	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" value="280.00"/>	<input type="text" value="14.00"/>
			P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Falls Church	VA	22046-2613
	FEC ID number of contributing federal political committee. C		Transaction ID: PR331533224262
Name of Employer American Hospital Association-Washingt		Occupation Vice President, Policy	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" value="800.00"/>	<input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="114.00"/>
TOTAL 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: (check only one)	PAGE 86 / 104
	<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) Ms. Elizabeth Summy	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address One North Franklin	Transaction ID: PR346168124262
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR517619724262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President Executive Branch Relati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR518031924262
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	110.00
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 / 104
(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. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR560101524262
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

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

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR566280924262
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

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

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR766023724262
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 54.00

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 / 104
(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. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR801366324262

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR876637224262

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City Spotsylvania State VA Zip Code 22551-4670

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

Name of Employer American Hospital Association-Washingt Occupation Director Communication Strategies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.47

Date of Receipt 10 / 13 / 2010
Transaction ID: PR928186524262

Amount of Each Receipt this Period 15.91

P/R Deduction (\$15.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 49.91

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 / 104

(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. Sheila R. Meadows

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 Occupation
American Hospital Association-Washingt Senior Director of Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

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

Transaction ID: PR936292324262

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
American Hospital Association-Chicago Executive Director Quality Center

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

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

Transaction ID: PR939603924262

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

28.00

TOTAL This Period (last page this line number only)

57409.87

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)
Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher H. Smith

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 04

Transaction ID: 18625943
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Serving America's Citizens - SAC PAC

Mailing Address PO Box 455

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
2010 Contribution

Candidate Name
Serving America's Citizens - SAC PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18625979
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2500.00

2010 Contribution

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

Mailing Address PO Box 177

City Booneville State MS Zip Code 38829

Purpose of Disbursement
Contribution

Candidate Name
Rep. Travis Wayne Childers

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 01

Transaction ID: 18626019
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Scott Murphy

Office Sought: House Senate President
State: CT District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18626155
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

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

Mailing Address 311 North Washington Street
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
Rep. James P. Moran

Office Sought: House Senate President
State: VA District: 08
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18626162
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

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

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul D. Ryan

Office Sought: House Senate President
State: WI District: 01
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18626163
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)

PAGE 92 / 104

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Citizens For Tom Petri</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18626173 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Gwendolynne Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18626175 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Walter Jones Committee</p> <p>Mailing Address PO Box 3962</p> <p>City Greenville State NC Zip Code 27836</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Walter B. Jones, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18626180 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</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)

PAGE 93 / 104

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Price For Congress</p> <p>Mailing Address P.O. Box 1986</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. David E. Price Category/Type <input type="text" value="011"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 04</p>	<p>Transaction ID: 18626181 Date of Disbursement: <input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Coble For Congress</p> <p>Mailing Address PO Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Howard Coble Category/Type <input type="text" value="011"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 06</p>	<p>Transaction ID: 18626182 Date of Disbursement: <input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="3000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mike McIntyre For Congress</p> <p>Mailing Address P.O. Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre Category/Type <input type="text" value="011"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 07</p>	<p>Transaction ID: 18626183 Date of Disbursement: <input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL 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)

PAGE 94 / 104

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Larry Kissell For Congress</p> <p>Mailing Address PO Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18626185 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18626186 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Brad Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18626187 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Richard Burr Committee	Transaction ID: 18626188 Date of Disbursement 10 / 01 / 2010
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 3000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement Contribution Candidate Name Sen. Richard Burr Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Contribution

B.	Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 18635433 Date of Disbursement 10 / 07 / 2010
	Mailing Address 1819 Brownsboro Road	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40202	
	Purpose of Disbursement Contribution Candidate Name Rep. John A. Yarmuth Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 03	Contribution

C.	Full Name (Last, First, Middle Initial) Engel For Congress	Transaction ID: 18635434 Date of Disbursement 10 / 07 / 2010
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 2500.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement Contribution Candidate Name Rep. Eliot L. Engel Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 17	Contribution

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Nadler For Congress</p> <p>Mailing Address Village Station, PO Box 40</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jerrold L. Nadler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18635435 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18635436 Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Contribution</p>
<p>C. 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 State: NJ District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18635437 Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Hal Rogers For Congress Mailing Address P.O. Box 1214 East Mt Vernon St City Somerset State KY Zip Code 42502 Purpose of Disbursement Contribution Candidate Name Rep. Harold Dallas Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18635438 Date of Disbursement 10 / 07 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	
B.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress Mailing Address PO Box 437 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Contribution Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18635827 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	
C.	Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address P.O. Box 8180 City San Jose State CA Zip Code 95155 Purpose of Disbursement Contribution Candidate Name Rep. Zoe Lofgren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18665728 Date of Disbursement 10 / 11 / 2010 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>A. Full Name (Last, First, Middle Initial) Susan Davis For Congress</p> <p>Mailing Address 1212 S. Victory Blvd. Suite 200</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Susan A. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 53</p>	<p>Transaction ID: 18665729 Date of Disbursement: 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Jane Harman</p> <p>Mailing Address PO Box 96</p> <p>City Torrance State CA Zip Code 90507</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Jane Harman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 36</p>	<p>Transaction ID: 18665730 Date of Disbursement: 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. 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 011 Category/Type</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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 02</p>	<p>Transaction ID: 18665748 Date of Disbursement: 10 / 11 / 2010</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>A. Full Name (Last, First, Middle Initial) Mark Critz For Congress Committee</p> <p>Mailing Address 551 Main Street Suite 120</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mark Critz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18665760 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18665763 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 6585</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18665768 Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

A. Full Name (Last, First, Middle Initial)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ike Skelton

010
 011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 04

Transaction ID: 18665769
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name
Rep. James E. Clyburn

010
 011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SC District: 06

Transaction ID: 18665776
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

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

Mailing Address 21301 Powerline Road, Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ronald Klein

010
 011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 22

Transaction ID: 18665781
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Chet Edwards For Congress</p> <p>Mailing Address PO Box 23273</p> <p>City Waco State TX Zip Code 76702</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Chet Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 17</p>	<p>Transaction ID: 18665783 Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) McHenry For Congress</p> <p>Mailing Address PO Box 1406</p> <p>City Hickory State NC Zip Code 28603</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Patrick Timothy McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 10</p>	<p>Transaction ID: 18679080 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee</p> <p>Mailing Address PO Box 36831</p> <p>City Charlotte State NC Zip Code 28236</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Melvin L. Watt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 12</p>	<p>Transaction ID: 18679082 Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

69500.00

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

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

FOR LINE NUMBER: (check only one)

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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) American Express	Transaction ID: 18667091 Date of Disbursement
	Mailing Address Ste. 001	<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	<input type="text" value="4.95"/>
	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) ▼
		001 Category/ Type
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 18667092 Date of Disbursement
	Mailing Address Ste. 001	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	<input type="text" value="27.63"/>
	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) ▼
		001 Category/ Type
		Merchant Fees

C.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 18667094 Date of Disbursement
	Mailing Address 1601 Elm Street	<input type="text" value="10"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	<input type="text" value="87.85"/>
	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) ▼
		001 Category/ Type
		Merchant Fees

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="120.43"/>
TOTAL 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 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) 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) ▼	Transaction ID: 18667095 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 84.85
			Merchant Fees
B.	Full Name (Last, First, Middle Initial) Mentzer Media Mailing Address 600 Fairmount Avenue Suite 306 City Towson State MD Zip Code 21286 Purpose of Disbursement TV Advertising & Production 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) ▼	Transaction ID: 18668481 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 200000.00
			TV Advertising & Production
C.	Full Name (Last, First, Middle Initial) GMMB Mailing Address 1010 Wisconsin Ave NW Suite 800 City Washington State DC Zip Code 20007 Purpose of Disbursement TV Advertising & Production 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) ▼	Transaction ID: 18676187 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 119092.00
			TV Advertising & Production

SUBTOTAL of Disbursements This Page (optional)			319176.85
TOTAL This Period (last page this line number only)			

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

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(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)
Multi Media Services Corporation

Mailing Address 915 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
TV and Radio Advertising & Production

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18679053

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

206000.00

TV and Radio Advertising & Production

SUBTOTAL of Disbursements This Page (optional) ▶

206000.00

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

525297.28