

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 01 2012 To: M M / D D / Y Y Y Y Y Y  
07 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">3059823.23</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">3657914.25</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">179994.95</span>	<span style="border: 1px solid black; padding: 2px;">1236493.69</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3837909.20</span>	<span style="border: 1px solid black; padding: 2px;">4296316.92</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">125205.40</span>	<span style="border: 1px solid black; padding: 2px;">583613.12</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">3712703.80</span>	<span style="border: 1px solid black; padding: 2px;">3712703.80</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 07 / 31 / 2012
**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).....

100519.14

486295.95

(ii) Unitemized .....

36570.63

176956.73

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

137089.77

663252.68

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

137089.77

668252.68

## 12. Transfers From Affiliated/Other

Party Committees.....

42500.00

564665.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

90.00

90.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

315.18

1986.01

## 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 Transfers (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))..... ▶

179994.95

1236493.69

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

179994.95

1236493.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	205.40	2963.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	205.40	2963.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125000.00	580650.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	125205.40	583613.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125205.40	583613.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	137089.77	668252.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137089.77	668252.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	205.40	2963.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	90.00	90.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	115.40	2873.12

# **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)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Catherine Barr**

Mailing Address 559 Capitol Boulevard

City

Saint Paul

State

MN

Zip Code

55103-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthEast Bethesda 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 Y  
07 / 03 / 2012

**Transaction ID : 20044750**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. David H. Feess**

Mailing Address 1219 Wildbar Drive

City

Liberty

State

MO

Zip Code

64068-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Liberty Hospital

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20044756**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Ms. Mary C. Becker**

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2012

**Transaction ID : 20044766**

Amount of Each Receipt this Period

43.75

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

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

1293.75

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Herb B Kuhn**

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code  
 Lohman MO 65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : 20044773**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. 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 Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : 20044931**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**C. Ms. Kathleen C. Poff**

Mailing Address 5119 Coventry Way

City State Zip Code  
 Jefferson City MO 65101-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : 20044936**

Amount of Each Receipt this Period

43.75

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

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

231.25

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

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

FOR LINE NUMBER: PAGE 8 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Mr. Brian Buchholz

Mailing Address 14540 15th St. S

City

Afton

State

MN

Zip Code

55001-9310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BWBR Architects

Occupation

Principal

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : 20045259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Margaret E Perryman

Mailing Address 200 East University Avenue

City

Saint Paul

State

MN

Zip Code

55101-2598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gillette Children's Specialty Healthca

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : 20045260

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter Smith

Mailing Address 380 St. Peter St.

Ste. 600

City

Saint Paul

State

MN

Zip Code

55102-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BWBR Architects

Occupation

Architect

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : 20045261

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 142

(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

Full Name (Last, First, Middle Initial)

**A. Mr. Randy Ulseth**

Mailing Address 301 South Highway 65

City	State	Zip Code
Mora	MN	55051-1899

FEC ID number of contributing federal political committee.

C

Name of Employer

FirstLight Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

Transaction ID : 20045262

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Chip Peal**

Mailing Address 299 King's Daughters Drive

City	State	Zip Code
Frankfort	KY	40601-6514

FEC ID number of contributing federal political committee.

C

Name of Employer

Frankfort Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : 20045264

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. E Berton Whitaker FACHE**

Mailing Address 900 Hospital Drive

City	State	Zip Code
Madisonville	KY	42431-1644

FEC ID number of contributing federal political committee.

C

Name of Employer

Regional Medical Center of Hopkins Cou

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : 20045266

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph G Koch**

Mailing Address 9 Linville Drive

City State Zip Code  
 Paris KY 40361-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bourbon Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : 20045270**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles J. Warnick**

Mailing Address 120 Hilltop Meadow

City State Zip Code  
 Frankfort KY 46001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : 20045271**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian Brezosky**

Mailing Address Post Office Box 436620

City State Zip Code  
 Louisville KY 40253-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : 20045276**

Amount of Each Receipt this Period

250.00

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

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

800.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 142

(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

Full Name (Last, First, Middle Initial)

**A. Ms. Paige Franklin**

Mailing Address 404 Kaelin Drive

City State Zip Code  
 Louisville KY 40207-2204

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : 20045277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Nancy C. Galvagni**

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code  
 Louisville KY 40223-2221

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : 20045278

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen P. Miller**

Mailing Address 1101 Cardinal Drive

City State Zip Code  
 Louisville KY 40253-6629

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : 20045279

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)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah S. Nicholson**

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : 20045280**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Debbie Riley**

Mailing Address 502 Trotwood Place

City

Louisville

State

KY

Zip Code

40245-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

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 Y Y  
07 / 06 / 2012

**Transaction ID : 20045281**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Carol J. Walters**

Mailing Address Post Office Box 436629

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : 20045282**

Amount of Each Receipt this Period

250.00

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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**

Full Name (Last, First, Middle Initial)

**A. Ms. Kim J. Dees**Mailing Address 2501 Nelson Miller Parkway  
Post Office Box 436629

City	State	Zip Code
Louisville	KY	40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

**Transaction ID : 20045283**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Elizabeth G. Cobb**

Mailing Address P.O. Box 436629

City	State	Zip Code
Louisville	KY	40205-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

**Transaction ID : 20045284**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Amy Adome**

Mailing Address 1001 Sam Perry Blvd.

City	State	Zip Code
Fredericksburg	VA	22401-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicorp Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

**Transaction ID : 20045304**

Amount of Each Receipt this Period

350.00

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

850.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Joseph Butz**

Mailing Address 919 Graydon Ave

City

Norfolk

State

VA

Zip Code

23507-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Vice President, Cardiac & Transplant P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20045305**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr Mark Ehret**

Mailing Address 17309 Black Rock RD

City

Germantown

State

MD

Zip Code

20874-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Assistant Vice President Design/Const.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20045307**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Carol Flynn**

Mailing Address 120 50th Street

City

Virginia Beach

State

VA

Zip Code

23451-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20045308**

Amount of Each Receipt this Period

350.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sylvia Richendollar**

Mailing Address 5466 Hunt Club Drive

City

Virginia Beach

State

VA

Zip Code

23462-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Director Laboratory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20049943**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jennifer Siciliano**

Mailing Address 8110 Gatehouse Road  
Suite 200 East Tower

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Assistant Vice President Government Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20049946**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. James Swisher**

Mailing Address 62210 North Danford St

City

Fredericksburg

State

VA

Zip Code

22407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Vice President Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20049947**

Amount of Each Receipt this Period

350.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Connie Garnett**

Mailing Address 1505 Powhatan Ct

City

Norfolk

State

VA

Zip Code

23508-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : 20049948**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Connie Thompson-Bodkin**

Mailing Address 1845 Rein Lane

City

Virginia Beach

State

VA

Zip Code

23456-6932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : 20049949**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ray Mishler**

Mailing Address 100 Boulder Sprint Ct.

City

Charlottesville

State

VA

Zip Code

22902-8790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : 20049950**

Amount of Each Receipt this Period

350.00

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

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

1050.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Matt Wille**

Mailing Address 610 10th Street

City

Perry

State

IA

Zip Code

50220-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : 20049960**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : 20049961**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Ms. Maureen Keehnle**

Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : 20049962**

Amount of Each Receipt this Period

300.00

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

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

850.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City

Waukee

State

IA

Zip Code

50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Information Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20049964**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. J Kirk Norris**

Mailing Address 100 East Grand Avenue, Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

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 Y  
07 / 03 / 2012

**Transaction ID : 20049969**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mr. Art J. Spies**

Mailing Address 100 E. Grand Ave. Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : 20049971**

Amount of Each Receipt this Period

300.00

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

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

1600.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Shannon Strickler**

Mailing Address 1403 66th Street

City

Windsor Heights

State

IA

Zip Code

50324-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : 20049972**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Sean J Williams**

Mailing Address 1410 North Fourth Street

City

Clinton

State

IA

Zip Code

52732-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Clinton

Occupation

President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : 20049974**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : 20049975**

Amount of Each Receipt this Period

300.00

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

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

850.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian A Gragnolati FACHE**

Mailing Address 4716 Chevy Chase Blvd.

City

Chevy Chase

State

MD

Zip Code

20815-5342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

07 / 02 / 2012

**Transaction ID : 20050825**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wallace Strickland**

Mailing Address 1314 19th Avenue

City

Meridian

State

MS

Zip Code

39301-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : 20051776**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sam W Cameron**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

07 / 06 / 2012

**Transaction ID : 20051777**

Amount of Each Receipt this Period

37.50

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

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

797.50

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Douglas A Jones**

Mailing Address P O Box 909

City  
Picayune

State  
MS

Zip Code  
39466-0909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highland Community Hospital

Occupation

Interim 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  
07 / 06 / 2012

**Transaction ID : 20052238**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. David G Putt**

Mailing Address 2500 North State Street

City  
Jackson

State  
MS

Zip Code  
39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals and Health System

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  
07 / 06 / 2012

**Transaction ID : 20052242**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. G Edward Tucker**

Mailing Address P O Box 16389

City  
Hattiesburg

State  
MS

Zip Code  
39404-6389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forrest General Hospital

Occupation

Vice President Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : 20052253**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles L Denton**

Mailing Address 960 Avent Drive

City State Zip Code  
 Grenada MS 38901-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Grenada Lake Medical Center

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

**Transaction ID : 20052256**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard G Hilton**

Mailing Address P O Box 1506

City State Zip Code  
 Starkville MS 39760-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OCH Regional Medical Center

Occupation  
 Associate Administrator and Chief Fina

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

**Transaction ID : 20052260**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Mr. Randy King**

Mailing Address 7601 Southcrest Parkway

City State Zip Code  
 Southaven MS 38671-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Baptist Memorial Hospital-Desoto

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

**Transaction ID : 20052264**

Amount of Each Receipt this Period

325.00

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

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

975.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Larry C. Bourne**

Mailing Address 424 Autumn Oak Drive

City

Madison

State

MS

Zip Code

39110-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : 20052265**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Eddie L. Foster**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

07 / 06 / 2012

**Transaction ID : 20052376**

Amount of Each Receipt this Period

412.50

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Grimes**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President- Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : 20052378**

Amount of Each Receipt this Period

326.00

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

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

988.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

Full Name (Last, First, Middle Initial)

**A. Mr. Claude W Harbarger**

Mailing Address 969 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Dominic-Jackson Memorial Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

**Transaction ID : 20052747**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. L Ray Humphreys**

Mailing Address 2124 14th Street

City

Meridian

State

MS

Zip Code

39301-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anderson Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

**Transaction ID : 20052749**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Ms. Wanda M. Jones**

Mailing Address P.O. Box 1909

116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Executive Director, Office of Nursing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

257.50

Date of Receipt

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

**Transaction ID : 20052751**

Amount of Each Receipt this Period

257.50

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

672.50

**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  
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(check only one)

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<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**

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph S McNulty III**

Mailing Address 301 Eighth Avenue SW

City

Magee

State

MS

Zip Code

39111-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pioneer Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : 20052765**

Amount of Each Receipt this Period

217.50

Full Name (Last, First, Middle Initial)

**B. Mr. William C Oliver**

Mailing Address 6051 U S Highway 49

City

Hattiesburg

State

MS

Zip Code

39401-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forrest General Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : 20052774**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. M Kenneth Posey FACHE**

Mailing Address P O Box 527

City

Bay Springs

State

MS

Zip Code

39422-0527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jasper General Hospital

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : 20052776**

Amount of Each Receipt this Period

270.00

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

987.50

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Gerald D Wages**

Mailing Address 830 South Gloster Street

City State Zip Code  
Tupelo MS 38801-4934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Mississippi Health Services, Inc

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  
07 / 06 / 2012

**Transaction ID : 20052792**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. John J. Dawidowski**

Mailing Address 17 Brookshire Drive

City State Zip Code  
Robbinsville NJ 08691-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Association

Occupation  
Vice President & General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1203.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : 20052818**

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

## **C. Mr. Neil Eicher**

Mailing Address 760 Alexander Road

City State Zip Code  
Princeton NJ 08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Association

Occupation  
Deputy Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : 20052822**

Amount of Each Receipt this Period

7.50

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

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

515.00

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

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

FOR LINE NUMBER: PAGE 27 OF 142

(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

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
 New Hope PA 18938-5760

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 ▼

1682.49

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 13 / 2012

Transaction ID : 20052823

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**B. Mr. William D. Kennedy**

Mailing Address 1549 North Valley Road

City State Zip Code  
 Malvern PA 19355-9796

FEC ID number of contributing federal political committee.

C

Name of Employer  
 New Jersey Hospital Association

Occupation  
 Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 13 / 2012

Transaction ID : 20052824

Amount of Each Receipt this Period

7.50

Full Name (Last, First, Middle Initial)

**C. Mr. Randall J. Minniear**

Mailing Address 3901 Worthington Court

City State Zip Code  
 Freehold NJ 07728

FEC ID number of contributing federal political committee.

C

Name of Employer  
 New Jersey Hospital Association

Occupation  
 Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 13 / 2012

Transaction ID : 20052829

Amount of Each Receipt this Period

7.50

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

22.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Wayne C Schiffner**

Mailing Address 158 Hearthstone Drive

City  
Berlin

State  
NJ

Zip Code  
08009-9550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Jersey Healthcare

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : 20052835**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul A Hanson**

Mailing Address 1300 Anne Street NW

City  
Bemidji

State  
MN

Zip Code  
56601-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Bemidji Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2012

**Transaction ID : 20059576**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Chad Killian**

Mailing Address 10571 Elizabeth Court

City  
Carmel

State  
IN

Zip Code  
46032-8231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : 20059616**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Karen Porter**

Mailing Address 13556 Ashbury Drive

City

Carmel

State

IN

Zip Code

46032-8225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Hospital System VP & Chief Planning Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : 20059621**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Linda Sheridan**

Mailing Address 2550 Tullamore Court

City

Carmel

State

IN

Zip Code

46074-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Vice President/Chief Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : 20059623**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jay M. Baumgartner**

Mailing Address 111 Woodlawn Dr.

City

Warsaw

State

IN

Zip Code

46580-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Otis R. Bowen Center for Human Service

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : 20059677**

Amount of Each Receipt this Period

250.00

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

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

1250.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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**

Full Name (Last, First, Middle Initial)

**A. Mr. Vincent C Caponi**

Mailing Address 8166 Darnley Court

City

Indianapolis

State

IN

Zip Code

46260-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : 20059771**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kyle De Fur FACHE**

Mailing Address 6262 S. Hunters Run

City

Pendleton

State

IN

Zip Code

46064-8708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Indianapolis Hospital

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
0	7		1	6		2	0	1	2

**Transaction ID : 20059809**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bradford W Dykes**

Mailing Address 2533 E. Sailor Lane

City

Bloomington

State

IN

Zip Code

47401-8194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health Bedford Hosp

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : 20059840**

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jerry Laue**

Mailing Address 4700 N. St. Rd. 59

City

Brazil

State

IN

Zip Code

47834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Clay Hospital

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

Transaction ID : 20059884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph E Roche**

Mailing Address 3413 Berkdale Drive

City

Columbus

State

IN

Zip Code

47203-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Regional CAH President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

Transaction ID : 20059962

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mike Schroyer**

Mailing Address 9065 Pebblepointe Circle

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Heart Center of Indiana

Occupation

Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

Transaction ID : 20059969

Amount of Each Receipt this Period

125.00

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

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

625.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Allison D. Wharry**

Mailing Address 10330 N. Meridian Street, Ste 415

City State Zip Code  
Indianapolis IN 46290-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

System Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20059981**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms Donna J Vandehaar , R.N.**

Mailing Address 610 10th Street

City State Zip Code  
Perry IA 50220-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas County Hospital

Occupation

Chief Clinical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060178**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. Lon D Butikofer RN, PhD**

Mailing Address P O Box 359

City State Zip Code  
Manchester IA 52057-0359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060179**

Amount of Each Receipt this Period

250.00

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

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

1000.00



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James M Hayes**

Mailing Address 1518 Mulberry Avenue

City

Muscatine

State

IA

Zip Code

52761-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Muscatine

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060180**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Russell M Knight**

Mailing Address 250 Mercy Drive

City

Dubuque

State

IA

Zip Code

52001-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Dubuque

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060181**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Peter W Thoreen FACHE**

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060183**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060187**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ms. Maureen Keehnle**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060188**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City State Zip Code  
Waukee IA 50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Information Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060190**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Art J. Spies**

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060192**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Shannon Strickler**

Mailing Address 1403 66th Street

City State Zip Code  
Windsor Heights IA 50324-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060193**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20060194**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Bierschenk**

Mailing Address 201 North Lakes Drive

City

Eastman

State

GA

Zip Code

31023-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dodge County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : 20060412**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jim Budzinski**

Mailing Address 4050 Glen Hill Way

City

Marietta

State

GA

Zip Code

30066-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : 20060416**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alan Kent**

Mailing Address 583 Limestone Street

City

Mount Vernon

State

GA

Zip Code

30445-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meadows Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : 20060426**

Amount of Each Receipt this Period

500.00

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

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1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald McKenna**

Mailing Address 1310 Longwood Park

City

Statham

State

GA

Zip Code

30666-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Health Care System

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 Y  
07 / 09 / 2012

**Transaction ID : 20060431**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. John A Quinn**

Mailing Address 1138 Pine Valley Road

City

Griffin

State

GA

Zip Code

30224-4953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spalding Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : 20060437**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. Rashid Baddoura MD**

Mailing Address 120 Heights Road

City

Ridgewood

State

NJ

Zip Code

07450-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20060469**

Amount of Each Receipt this Period

375.00

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter Diestel**

Mailing Address 279 Brookside Avenue

City

Allendale

State

NJ

Zip Code

07401-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20060470**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Buffington**

Mailing Address 801 West Maple Street

City

Farmington

State

NM

Zip Code

87401-5698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Juan Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : 20060483**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gordon Larson**

Mailing Address 3015 3rd Avenue SE

City

Aberdeen

State

SD

Zip Code

57401-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Medical Center Aberdeen

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : 20060520**

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Jeffry Scherschligt**

Mailing Address 2020 Pendar Lane

City

Sioux Falls

State

SD

Zip Code

57105-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Howalt McDowell Insurance

Occupation

President & 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  
07 / 09 / 2012

**Transaction ID : 20060569**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. B. Bradford Billings**

Mailing Address 2829 Cheswick Rd.

City

Quincy

State

IL

Zip Code

62301-6380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061121**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Sandra B Bruce FACHE**

Mailing Address 7435 West Talcott Avenue

City

Chicago

State

IL

Zip Code

60631-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presence Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061122**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen Dunn**

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20061123**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert G Senneff FACHE**

Mailing Address 210 West Walnut Street

City

Canton

State

IL

Zip Code

61520-2497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Graham Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20061129**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel J Woods**

Mailing Address 503 North Maple Street

City

Effingham

State

IL

Zip Code

62401-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20061132**

Amount of Each Receipt this Period

750.00

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

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

3250.00



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**ITEMIZED RECEIPTS**

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<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

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen C Yosko**

Mailing Address P O Box 795

City

Wheaton

State

IL

Zip Code

60187-0795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marianjoy Rehabilitation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

Transaction ID : 20061133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Terri L. Allen**

Mailing Address 1151 East Warrenville Road

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 Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

Transaction ID : 20061134

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Baiardo**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

Transaction ID : 20061135

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**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Deaton**

Mailing Address 740 North Hayes

City

Oak Park

State

IL

Zip Code

60302-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061174**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Ms. Laacy Cortez**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061175**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Ann C. Guild**

Mailing Address 1151 E. Warrenville Rd.  
PO Box 3015

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061198**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ed Holtzhauer**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Vice President, IL Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061201**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061206**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ms. Nichole Magalis**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061210**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Dianne O'Donnell**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061212**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Clint Parram**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061215**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Patrick Sonin**

Mailing Address 1152 Alder

City

Bartlett

State

IL

Zip Code

60103-1660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061223**

Amount of Each Receipt this Period

300.00

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

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

1300.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Jo Ann Spoor**

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061227**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Laraine Williams**

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061234**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Joe Holler**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : 20061235**

Amount of Each Receipt this Period

600.00

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

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

1650.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Derek Robinson**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20061238**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. A.J. Wilhelmi**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : 20061240**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Peter E Chalke**

Mailing Address 300 Main Street

City

Lewiston

State

ME

Zip Code

04240-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Maine Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : 20061243**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen F Skinner , FACHE**

Mailing Address 144 State Street

City

Portland

State

ME

Zip Code

04101-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital of Portland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20061244**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20154855**

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)

**C. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20154858**

Amount of Each Receipt this Period

32.00

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

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

372.90

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Leslie K. Melby**

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : 20154860**

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

**B. Ms. Annette Small**

Mailing Address 2104 NE Indian Circle

City

Lees Summit

State

MO

Zip Code

64086-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : 20158599**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Ms. Fleury Yelvington**

Mailing Address 18th West 5th Street

City

Parkville

State

MO

Zip Code

64152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carondelet Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : 20158601**

Amount of Each Receipt this Period

500.00

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

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

787.00



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael A Dorsey FACHE**

Mailing Address 8929 Parallel Parkway

City

Kansas City

State

KS

Zip Code

66112-1689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20158604**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Ms. Debra Ohnoutka BSN, MHA**

Mailing Address 1649 NE Woodland Shores Drive

City

Lees Summit

State

MO

Zip Code

64086-7010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20158606**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**c. Dr. C Martin Harris MD**

Mailing Address 9500 Euclid

City

Cleveland

State

OH

Zip Code

44195-5108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Health System

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2012

**Transaction ID : 20162137**

Amount of Each Receipt this Period

500.00

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

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

1010.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Debbie Hayes**

Mailing Address 2139 Auburn Avenue

City State Zip Code  
Cincinnati OH 45219-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christ Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : 20166139**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr, Paul G Matsen**

Mailing Address 16800 Parkland Dr

City State Zip Code  
Shaker Hts OH 44120-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

Chief Marketing & Planning 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 Y  
07 / 18 / 2012

**Transaction ID : 20166144**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. R. Reed Fraley**

Mailing Address 257 Clouse Lane

City State Zip Code  
Granville OH 43023-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : 20168099**

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. David L Bernd**

Mailing Address 6015 Poplar Hall Drive

City State Zip Code  
 Norfolk VA 23502-3819

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Healthcare

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  
 07 / 17 / 2012

Transaction ID : 20171725

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Alethea Williams-Carlson**

Mailing Address 2132 St. Marshall

City State Zip Code  
 Virginia Beach VA 23454-2815

FEC ID number of contributing federal political committee.

C

Name of Employer

Bon Secours-DePaul Medical Center

Occupation

Chief Information 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  
 07 / 17 / 2012

Transaction ID : 20171728

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ben Clark**

Mailing Address 1920 Atherholt Road

City State Zip Code  
 Lynchburg VA 24501-1104

FEC ID number of contributing federal political committee.

C

Name of Employer

Centra Lynchburg General Hospital

Occupation

Vice President and Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 17 / 2012

Transaction ID : 20171730

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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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Teresa Edwards**

Mailing Address 1519 Peyton Ln

City

Chesapeake

State

VA

Zip Code

23320-7671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Leigh Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : 20173711**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael V Gentry**

Mailing Address 1328 Murray Drive

City

Chesapeake

State

VA

Zip Code

23322-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : 20173720**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Natalie Kaszubowski**

Mailing Address 300 East 40th Street

City

Norfolk

State

VA

Zip Code

23504-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : 20173722**

Amount of Each Receipt this Period

350.00

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

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

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms Darleen Mastin**

Mailing Address 4748 Totteridge Lane

City	State	Zip Code
Virginia Beach	VA	23462

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Sr. Vice President/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : 20175963

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Neal McKnight**

Mailing Address 220 Campus Blvd.

City	State	Zip Code
Winchester	VA	22601-2888

FEC ID number of contributing federal political committee.

C

Name of Employer

Valley Health System

Occupation

Director, Patient Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : 20175965

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin J Van Renan**

Mailing Address 11502 Culpeper Court

City	State	Zip Code
Spotsylvania	VA	22551-4671

FEC ID number of contributing federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : 20175969

Amount of Each Receipt this Period

350.00

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)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Sheppard**

Mailing Address 4712 Greenbrooke Drive

City

Glen Allen

State

VA

Zip Code

23060-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Medical Center

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20176453**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Emory W. Tibbs Jr.**

Mailing Address 1740 Hidden Oaks Lane

City

Bedford

State

VA

Zip Code

24523-6864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centra Health, Inc.

Occupation

Senior Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 17 / 2012

**Transaction ID : 20176454**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Dr. Angela Scioscia MD**

Mailing Address 200 West Arbor Drive

City

San Diego

State

CA

Zip Code

92103-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC San Diego Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : 20208651**

Amount of Each Receipt this Period

350.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Margaret W. Dahl**

Mailing Address 1170 Latham Drive

City

Watkinsville

State

GA

Zip Code

30677-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Athens Regional Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : 20208652**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Andrei Soran**

Mailing Address 115 Lincoln Street

City

Framingham

State

MA

Zip Code

01702-6358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MetroWest Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : 20208653**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ben Vincent FACHE**

Mailing Address 149 Marple Drive

City

Heaters

State

WV

Zip Code

26627-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Braxton County Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

07 / 30 / 2012

**Transaction ID : 20208658**

Amount of Each Receipt this Period

257.50

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

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

1007.50

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey A Powelson**

Mailing Address Hickory Corner Road  
Route 4, Box 96

City State Zip Code  
 Philippi WV 26416-9536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broaddus Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 30 2012

Transaction ID : 20208659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wayne B Griffith FACHE**

Mailing Address P. O. Box 901

City State Zip Code  
 Princeton WV 24740-0901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 30 2012

Transaction ID : 20208660

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen P Dexter**

Mailing Address 7 Stony Point

City State Zip Code  
 Charleston WV 25314-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Health System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 30 2012

Transaction ID : 20208662

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)..... ►



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 20208680**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Maureen Keehnle**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 20208681**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Laura Malone**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 20208682**

Amount of Each Receipt this Period

50.00

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City

Waukee

State

IA

Zip Code

50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Information Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 20208684

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Art J. Spies**

Mailing Address 100 E. Grand Ave. Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 20208686

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Shannon Strickler**

Mailing Address 1403 66th Street

City

Windsor Heights

State

IA

Zip Code

50324-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 20208687

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 20208688**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Raymond F Fredericks**

Mailing Address 302 Brooklyn Boulevard

City State Zip Code  
Sea Girt NJ 08750-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JFK Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20208704**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Kenneth Bateman CPA**

Mailing Address 6 Avalon Court

City State Zip Code  
Flemington NJ 08822-3383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Somerset Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20208705**

Amount of Each Receipt this Period

750.00

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

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

2350.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.53

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20208707**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

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 ▼

1713.11

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20208718**

Amount of Each Receipt this Period

30.62

Full Name (Last, First, Middle Initial)

**C. Dr. Warren Austin MD**

Mailing Address 3636 High Street

City

Portsmouth

State

VA

Zip Code

23707-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours Maryview Medical Center

Occupation

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  
07 / 30 / 2012

**Transaction ID : 20238236**

Amount of Each Receipt this Period

350.00

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

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

530.62

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rodger H Baker**

Mailing Address 500 Hospital Drive

City

Warrenton

State

VA

Zip Code

20186-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fauquier Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2012

**Transaction ID : 20238237**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Barr**

Mailing Address 2418 Crowncrest Way

City

Richmond

State

VA

Zip Code

23233-2518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2012

**Transaction ID : 20238238**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joel Bundy**

Mailing Address 2245 Santa Fe Arch

City

Virginia Beach

State

VA

Zip Code

23456-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara CarePlex Hospital

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2012

**Transaction ID : 20238239**

Amount of Each Receipt this Period

350.00

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Nicholas Carosi III**

Mailing Address 215 N Fairfax Street

City

Alexandria

State

VA

Zip Code

22314-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20238240**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Denman**

Mailing Address 1040 Spotswood Ave  
#204

City

Norfolk

State

VA

Zip Code

23507-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours Health System

Occupation

Director Clinical Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20238241**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert Firestone**

Mailing Address 3513 Chlpada Ct

City

Chesapeake

State

VA

Zip Code

23321-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20238309**

Amount of Each Receipt this Period

350.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debra A Flores**

Mailing Address 3000 Coliseum Drive

City

Hampton

State

VA

Zip Code

23666-5963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara CarePlex Hospital

Occupation

President and 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  
07 / 30 / 2012

**Transaction ID : 20238310**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms JoAnne Inman**

Mailing Address 212 B 7th Street

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director/Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20238313**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Walter J Kiwall**

Mailing Address 1001 Sam Perry Boulevard

City

Fredericksburg

State

VA

Zip Code

22401-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2012

**Transaction ID : 20238316**

Amount of Each Receipt this Period

350.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Vickie Kleski**

Mailing Address 3020 Ribuiys Crissubg Dr

City State Zip Code  
 Midlothian VA 23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Vice President Revenue

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : 20238317**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kenneth Krakaus**

Mailing Address 3423 Darden Place

City State Zip Code  
 Williamsburg VA 23188-2446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : 20238318**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. J Craig Lewis**

Mailing Address P O Box 3340

City State Zip Code  
 Winchester VA 22604-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : 20238319**

Amount of Each Receipt this Period

350.00

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

1050.00

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



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles McDaniel**

Mailing Address 133 Caroline Street

City

Fredericksburg

State

VA

Zip Code

22401-6103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hilldrup Companies

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 20238320

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. 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

07 / 30 / 2012

Transaction ID : 20238322

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Dr. J Thomas Ryan MD, MHSA**

Mailing Address 1001 Sam Perry Boulevard

City

Fredericksburg

State

VA

Zip Code

22401-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 20238323

Amount of Each Receipt this Period

350.00

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

1050.00

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Darlene Stephenson**

Mailing Address 114 Sir John Way

City

Seaford

State

VA

Zip Code

23696-2472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Immaculate Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2012

**Transaction ID : 20238324**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Anderson JD**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.51

Date of Receipt

07 / 27 / 2012

**Transaction ID : 20238331**

Amount of Each Receipt this Period

269.69

Full Name (Last, First, Middle Initial)

**C. Ms. Tania Daniels**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Patient Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

07 / 27 / 2012

**Transaction ID : 20238335**

Amount of Each Receipt this Period

134.61

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

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

754.30

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Harlan Hallquist**

Mailing Address 9855 West 78th Street  
Suite 270

City State Zip Code  
Eden Prairie MN 55344-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.E. Dunn Construction Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238348**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Kristin Loncorich**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Association

Occupation  
Director of State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238357**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

## **C. Mr. Lawrence J Massa**

Mailing Address 2550 University Avenue West, Suite

City State Zip Code  
Saint Paul MN 55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238358**

Amount of Each Receipt this Period

700.00

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

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

1334.61

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Ben Peltier**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.51

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238363**

Amount of Each Receipt this Period

269.69

Full Name (Last, First, Middle Initial)

## **B. Mr. Steven Rader**

Mailing Address 800 Nicollet Mall

City State Zip Code  
Minneapolis MN 55402-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eide Bailly LLP, MNHA Associate Member

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238364**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Joe Schindler**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238365**

Amount of Each Receipt this Period

134.61

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

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

654.30

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Mark Sonneborn**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : 20238367**

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Peggy Westby**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : 20238368**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

## **C. Mr. William T Manson**

Mailing Address 800 N. Fant St.

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2012

**Transaction ID : 20238369**

Amount of Each Receipt this Period

250.00

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

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

524.61

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John A Miller Jr FACHE**

Mailing Address 1 Spring Back Way

City State Zip Code  
Anderson SC 29621-2676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health

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 Y  
07 / 24 / 2012

**Transaction ID : 20238370**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jerry A Parrish**

Mailing Address 800 North Fant Street

City State Zip Code  
Anderson SC 29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238372**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Kirk Toomey DHA, FACHE**

Mailing Address 955 Ribaut Road

City State Zip Code  
Beaufort SC 29902-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaufort Memorial 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  
07 / 24 / 2012

**Transaction ID : 20238373**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel Duggan**

Mailing Address 330 Henderson Rd

City

Greenville

State

SC

Zip Code

29607-3346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238379**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Teri Ficicchy**

Mailing Address 3000 St Matthews Road

City

Orangeburg

State

SC

Zip Code

29118-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238380**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ronnie Hyatt**

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Senior Vice President Finance and Chie

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238383**

Amount of Each Receipt this Period

250.00

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

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

775.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Elizabeth Keith**

Mailing Address 2 Deer Spring Ln

City

Simpsonville

State

SC

Zip Code

29680-6516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Senior Vice President Mission

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238404**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark S Nantz FACHE**

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

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 Y  
07 / 24 / 2012

**Transaction ID : 20238405**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles D Beaman Jr**

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

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 Y  
07 / 24 / 2012

**Transaction ID : 20238409**

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**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Julian Gibbons**

Mailing Address Five Medical Park Drive

City State Zip Code  
Columbia SC 29203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Vice President / Community & Governmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238413**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. James Raymond MD**

Mailing Address P O Box 2266

City State Zip Code  
Columbia SC 29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238416**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. John J Singerling FACHE**

Mailing Address P O Box 2266

City State Zip Code  
Columbia SC 29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2012

**Transaction ID : 20238418**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jay Cox FACHE**

Mailing Address 1125 Summit Drive

City State Zip Code  
Sumter SC 29150-1771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuomey Healthcare System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 24 2012

**Transaction ID : 20238422**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gregg Martin**

Mailing Address 845 Oakbrook Blvd

City State Zip Code  
Sumter SC 29150-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuomey Healthcare System

Occupation  
Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 24 2012

**Transaction ID : 20238424**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Richard G Bennett MD**

Mailing Address 1000 Poplar Hill Road

City State Zip Code  
Baltimore MD 21210-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johns Hopkins Bayview Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 19 2012

**Transaction ID : 20238432**

Amount of Each Receipt this Period

510.00

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

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

1310.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Lewis**

Mailing Address 1234 Washington Drive

City

Annapolis

State

MD

Zip Code

21403-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 20238453

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Dr. Mark Laney**

Mailing Address 4608 Woodfield Drive

City

Saint Joseph

State

MO

Zip Code

64506-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Health

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 20238524

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sharon P. Andre**

Mailing Address P.O. Box 9010

City

Stuart

State

FL

Zip Code

34995-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Admin Director, Ed., Diabetes & OH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 20238544

Amount of Each Receipt this Period

250.00

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

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

1005.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Douglas Baer**

Mailing Address 3599 University Boulevard South

City

Jacksonville

State

FL

Zip Code

32216-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brooks Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238546**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

## **B. John Bond**

Mailing Address 3417 Eastmonte Drive

City

Valrico

State

FL

Zip Code

33596-6087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

Vice President, Surgical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238548**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Timothy W Cook**

Mailing Address P O Box 9400

City

Sebring

State

FL

Zip Code

33871-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Heartland Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238560**

Amount of Each Receipt this Period

500.00

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

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

1350.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Frances Crunk**

Mailing Address 2880 David Walker Dr #333

City

Eustis

State

FL

Zip Code

32726-6172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Waterman

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238561**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Janet Davis**

Mailing Address 3611 Casablanca Avenue

City

St Pete Beach

State

FL

Zip Code

33706-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

Vice President Acute Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238562**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Joseph Day**

Mailing Address 5904 SE Glen Eagle Way

City

Stuart

State

FL

Zip Code

34997-8694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238563**

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robin DeLaVergne**

Mailing Address 37 Aegean Avenue

City

Tampa

State

FL

Zip Code

33606-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

Vice President, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238564**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Dima Didenko**

Mailing Address P O Box 9400

City

Sebring

State

FL

Zip Code

33871-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Heartland Medical Cen

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238566**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Terrance Flynn**

Mailing Address 3801 Ft. Charles Drive

City

Naples

State

FL

Zip Code

34102-7900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Naples Community Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238567**

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Gazdic**

Mailing Address 134 Edgemere Ways

City

Naples

State

FL

Zip Code

34105-7107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Naples Community Hopital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238771**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr Daniel Hogan**

Mailing Address 8423 SW Riverside Dr

City

Arcadia

State

FL

Zip Code

34269-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DeSoto Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238775**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul Hoover**

Mailing Address 5801 Windermere Dr.

City

Palm Harbor

State

FL

Zip Code

34685-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adventist Health System

Occupation

Vice President Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238776**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Lars D Houmann**

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238778**

Amount of Each Receipt this Period

1045.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sally Houston Scarola**

Mailing Address 6528 Surfside Blvd

City

Apollo Beach

State

FL

Zip Code

33572-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

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 Y  
07 / 20 / 2012

**Transaction ID : 20238781**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ronald A Hytoff MHA, FACHE**

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238782**

Amount of Each Receipt this Period

1000.00

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

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

2295.00



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joe Johnson**

Mailing Address 1055 Saxon Boulevard

City

Orange City

State

FL

Zip Code

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 Y  
07 / 20 / 2012

**Transaction ID : 20238784**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Steven P Johnson PhD**

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health First, Inc.

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 Y Y  
07 / 20 / 2012

**Transaction ID : 20238785**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mr Alonzo Kight**

Mailing Address 1688 SW Thornberry Circle

City

Palm City

State

FL

Zip Code

34990-4456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Hospital Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238793**

Amount of Each Receipt this Period

500.00

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

2000.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Hermes Koop MD**

Mailing Address 800 Goodlette RD  
N. Ste. 310

City Naples State FL Zip Code 34102-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naples Community Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238795**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Elizabeth Lindsay-Wood**

Mailing Address P O Box 1289

City Tampa State FL Zip Code 33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation  
Vice President Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238801**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr John Loewenberg**

Mailing Address 12777 Mariner Ct

City Palm City State FL Zip Code 34990-8034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Health System

Occupation  
Hospital Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238802**

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**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mariann MacDonald**

Mailing Address 1895 E Gordon Dr

City

Naples

State

FL

Zip Code

34102-7579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Naples Community Hospital

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238803**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jean Mayer**

Mailing Address 2408 W. Watrous Avenue

City

Tampa

State

FL

Zip Code

33629-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

Vice President for Strategic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238806**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. George Mikitarian Jr**

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parrish 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  
07 / 20 / 2012

**Transaction ID : 20238808**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. R.Wayne Millican**

Mailing Address 2278 Silver Palm Place

City State Zip Code  
 Naples FL 34105-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Naples Community Hospital

Occupation  
 Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 07 / 20 / 2012

**Transaction ID : 20238820**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr James Mondello**

Mailing Address 1204 NW Winters Creek Rd

City State Zip Code  
 Palm City FL 34990-8086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Martin Health System

Occupation  
 Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 07 / 20 / 2012

**Transaction ID : 20238821**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James R Nathan**

Mailing Address P O Box 2218

City State Zip Code  
 Fort Myers FL 33902-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lee Memorial Hospital

Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

MM / DD / YYYY  
 07 / 20 / 2012

**Transaction ID : 20238824**

Amount of Each Receipt this Period

1045.00

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

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

1545.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Deana Nelson**

Mailing Address Post Office Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

Executive Vice President & Chief Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238830**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Karen Owensby RN**

Mailing Address 1395 South Pinellas Avenue

City

Tarpon Springs

State

FL

Zip Code

34689-3790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital North Pinellas

Occupation

Chief Operating Officer and Chief Nurs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238833**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mr. Isaac Palmer**

Mailing Address P O Box 9400

City

Sebring

State

FL

Zip Code

33871-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Heartland Medical Cen

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238834**

Amount of Each Receipt this Period

300.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Judith Ploszek**

Mailing Address 2863 Bayshore Trails Drive

City State Zip Code  
Tampa FL 33611-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation  
Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238842**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kenneth Plunkitt MD**

Mailing Address 1443 Hemingway Place

City State Zip Code  
Naples FL 34103-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCH Downtown Naples Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238843**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen A Purves FACHE**

Mailing Address 1500 Sw 1St Ave

City State Zip Code  
Ocala FL 34471-6504

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

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238845**

Amount of Each Receipt this Period

100.00

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Diane S. Raines RN, MSN**

Mailing Address 4090 San Jose Boulevard

City

Jacksonville

State

FL

Zip Code

32207-6063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : 20238846

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark E Robitaille**

Mailing Address P O Box 9010

City

Stuart

State

FL

Zip Code

34995-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : 20238851

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Chris Roederer**

Mailing Address 615 Riviera Dunes Way #107

City

Palmetto

State

FL

Zip Code

34221-7145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa General Hospital

Occupation

Vice President for Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : 20238852

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**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Zeff Ross FACHE**

Mailing Address 3501 Johnson Street

City  
Hollywood

State Zip Code  
FL 33021-5421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Regional Hospital

Occupation  
Senior Vice President and Chief Execut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238853**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Deanna Schaeffer**

Mailing Address 400 N. Clyde Morris Blvd

City  
Daytona Beach

State Zip Code  
FL 32114-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halifax Health Medical Center of Dayto

Occupation  
CEO, Healthy Communities & GR 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  
07 / 20 / 2012

**Transaction ID : 20238855**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joseph P. Schreiner**

Mailing Address 11750 Appalossa Ct.

City  
Port Saint Lucie

State Zip Code  
FL 34987-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Health System

Occupation  
Facilities Engineering Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238856**

Amount of Each Receipt this Period

250.00

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

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

1750.00



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. John Seeland MBA**

Mailing Address P O Box 9010

City  
Stuart

State  
FL

Zip Code  
34995-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Health System

Occupation  
Director, Corporate EMS Transportation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238857**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lewis Seifert**

Mailing Address 4029 Coolwater Court

City  
Winter Park

State  
FL

Zip Code  
32792-8901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation  
Administrator, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238858**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Beverly Sheffield**

Mailing Address 4510 Lake Gem Cir.

City  
Orlando

State  
FL

Zip Code  
32806-7121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation  
Director Contract Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 20238859**

Amount of Each Receipt this Period

245.00

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

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

745.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sherrie Sitarik**

Mailing Address 1414 Kuhl Avenue

City

Orlando

State

FL

Zip Code

32806-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238861**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Eddie Soler**

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238864**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven D Sonenreich**

Mailing Address 4300 Alton Road

City

Miami Beach

State

FL

Zip Code

33140-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238865**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Norm Thomson**

Mailing Address 3434 Gin Lane

City

Naples

State

FL

Zip Code

34102-7813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Naples Community Hopital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238871**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Margaret Verity**

Mailing Address 5564 White Heron Place

City

Oviedo

State

FL

Zip Code

32765-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Assistant Vice President Revenue Cycle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238872**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Allen S Weiss MD**

Mailing Address 350 Seventh Street North

City

Naples

State

FL

Zip Code

34102-5754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NCH Downtown Naples Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238875**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Robert Weissman**

Mailing Address 1212 NW Winters creek Rd

City

Palm City

State

FL

Zip Code

34990-8086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238876**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Donald E Welch**

Mailing Address 7050 Gall Boulevard

City

Zephyrhills

State

FL

Zip Code

33541-1399

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Zephyrhills

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238877**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John F Wilbanks FACHE**

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : 20238878**

Amount of Each Receipt this Period

590.00

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

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

1340.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William E. Woeltjen**

Mailing Address 1020 Sonato Lane

City

Apollo Beach

State

FL

Zip Code

33572-2727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sacred Heart Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : 20238880**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gale N Walker**

Mailing Address 401 West Glynn Drive

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera St. Benedict 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 Y  
07 / 27 / 2012

**Transaction ID : 20238908**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Cindy Morrison**

Mailing Address PO Box 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Senior Vice President for Public Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : 20238913**

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy J Tracy**

Mailing Address 20 South Plum Street

City

Vermillion

State

SD

Zip Code

57069-3346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Vermillion Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : 20238918

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. David Kapaska DO**

Mailing Address P O Box 5045

City

Sioux Falls

State

SD

Zip Code

57117-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera McKennan Hospital and University

Occupation

Regional President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : 20238934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Melinda Reid Hatton**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President &amp; General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : PR1045726226663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

676.94

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Schulke**

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

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2012

Transaction ID : PR1057462126663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah B. Macchiarola**

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

Transaction ID : PR1082532726663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara Jellen**

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

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

Transaction ID : PR1113464226663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

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

130.82

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Allen**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1118928226663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1260472926663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1347703626663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

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

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

92.36



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

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. 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 ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : PR1347791026663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City State Zip Code  
 Alexandria VA 22302-2107

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : PR1348169726663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Sharon Allen**

Mailing Address 155 North Wacker Drive

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership and Marketing Manager ASHHR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : PR1474886226663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

80.82

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 PageFOR LINE NUMBER:  
(check only one)

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<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**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	2		

**Transaction ID : PR1475133726663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Stephanie H. Drake**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	2		

**Transaction ID : PR1492459926663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Ms. Monica D Day**Mailing Address 4321 Telfair Blvd  
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	2		

**Transaction ID : PR1516850626663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

142.36

**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 PageFOR LINE NUMBER: PAGE 99 OF 142  
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<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**

Full Name (Last, First, Middle Initial)

**A. Ms. Elisa Arespacochaga**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	2		

**Transaction ID : PR1555656226663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Clinton S. Manning**Mailing Address 325 Seventh Street, NW  
Suite 700

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

Asst. Director Advocacy &amp; Member Commu

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	2		

**Transaction ID : PR1555656526663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Kathy Poole**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	2		

**Transaction ID : PR1589439926663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

80.82

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1590809126663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Kehoe**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Publisher Vertical Magazines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1625368326663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. 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 ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1648726626663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

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

80.82

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. 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 ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1671258626663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1819487926663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Aimee Hartlage**

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 Fed. Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1877582326663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

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

180.82

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Shari Dexter**

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

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1878189826663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Janet Henderson**

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, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.92

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR1937843126663**

Amount of Each Receipt this Period

41.68

P/R Deduction (\$20.84 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR327629126663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

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

157.10

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR327771626663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.30

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR32777226663**

Amount of Each Receipt this Period

39.44

P/R Deduction (\$19.72 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR32777826663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

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

154.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 142

(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**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR327801726663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. 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 &amp; Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR327812026663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. 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 ▼

288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR327831726663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

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

153.90



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

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

FOR LINE NUMBER: PAGE 105 OF 142

(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

Full Name (Last, First, Middle Initial)

**A. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings &amp; Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : PR327846226663

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Ellen A. Pryga**Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City	State	Zip Code
Washington	DC	20008-2614

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : PR327851926663

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Seklecki**Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : PR327858026663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

153.90

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : PR327877826663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : PR327895726663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Eileen M. Collins Offner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : PR327906126663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

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

180.82

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. 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 ▼

202.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2012

**Transaction ID : PR327918926663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2012

**Transaction ID : PR328132826663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2012

**Transaction ID : PR328136926663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

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

180.82

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 142  
(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**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City	State	Zip Code
Chicago	IL	60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR328223826663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City	State	Zip Code
Eagle	ID	83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR328241426663**

Amount of Each Receipt this Period

83.92

P/R Deduction (\$41.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City	State	Zip Code
Arlington	VA	22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR328260926663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

237.80

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

Use separate schedule(s)  
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. 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 ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR328511826663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City  
Arlington

State  
VA

Zip Code  
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 ▼

482.92

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR328512026663**

Amount of Each Receipt this Period

94.00

P/R Deduction (\$47.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. George Arges**

Mailing Address One North Franklin St.

City  
Chicago

State  
IL

Zip Code  
60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR328641126663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

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

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

209.42

# **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)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR328913326663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. 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 ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR329013426663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. 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 ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR329071326663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

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

192.36

# **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)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robyn L. Bash**

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 ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR329084426663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. 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 ▼

577.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR329215726663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. 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 ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR329342626663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

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

142.36

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

202.05

Date of Receipt

07 / 31 / 2012

Transaction ID : PR329654226663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. 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 ▼

288.60

Date of Receipt

07 / 31 / 2012

Transaction ID : PR330343326663

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. 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 ▼

538.52

Date of Receipt

07 / 31 / 2012

Transaction ID : PR330411626663

Amount of Each Receipt this Period

83.92

P/R Deduction (\$41.96 Bi-Weekly)

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

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

149.34



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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

202.05

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : PR330465226663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : PR330475426663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Gene O'Dell**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2012

**Transaction ID : PR330547726663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

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

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

142.36

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

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 ▼

577.05

Date of Receipt

07 / 31 / 2012

Transaction ID : PR330549226663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

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 ▼

288.60

Date of Receipt

07 / 31 / 2012

Transaction ID : PR331098326663

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

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 ▼

283.30

Date of Receipt

07 / 31 / 2012

Transaction ID : PR331278826663

Amount of Each Receipt this Period

39.44

P/R Deduction (\$19.72 Bi-Weekly)

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

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

154.86

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : PR331304226663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Jo Ann Webb**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

Sr. Director Federal Relations &amp; Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : PR331379126663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Judy Weinsheimer**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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : PR331386926663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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

130.82

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City State Zip Code  
 Arlington Heights IL 60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : PR331481326663

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Donald May**

Mailing Address 521 Great Falls St.

City State Zip Code  
 Falls Church VA 22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : PR331533226663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Elizabeth Summy**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : PR346168126663

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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

180.82

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2012

**Transaction ID : PR518031926663**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Laura M. Werner**

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

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2012

**Transaction ID : PR560101526663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Carlos Jackson**

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2012

**Transaction ID : PR566280926663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

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

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

153.90

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

423.93

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR766023726663**

Amount of Each Receipt this Period

59.30

P/R Deduction (\$29.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. 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 ▼

202.05

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR801366326663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa Kidder Hrobksy**

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 ▼

288.60

Date of Receipt

07 / 31 / 2012

**Transaction ID : PR876637226663**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

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

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

124.72

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

202.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : PR928186526663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. David A. Strickland**

Mailing Address One N. Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director Quality Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : PR939603926663**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

53.88

100519.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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**

Full Name (Last, First, Middle Initial)

**A. Wisconsin Hospital Association Federal PAC**Mailing Address 5510 Research Park Drive  
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing  
federal political committee.**C** C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

**Transaction ID : 20044749**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Texas Hospital Association HOSPAC - Federal**

Mailing Address P.O. Box 15587

City	State	Zip Code
Austin	TX	78761-5587

FEC ID number of contributing  
federal political committee.**C** C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

**Transaction ID : 20059490**

Amount of Each Receipt this Period

12000.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

160000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

**Transaction ID : 20059494**

Amount of Each Receipt this Period

10000.00

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

22500.00

**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  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. California Healthcare Association PAC - Federal**

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2012

**Transaction ID : 20208650**

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

20000.00

42500.00

# **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 122 OF 142

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1986.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 20262085**

Amount of Each Receipt this Period

315.18

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

315.18

315.18



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Pascrell For Congress**

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. William J. Pascrell Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2012

**Transaction ID : 20058691**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Filemon Vela For Congress**

Mailing Address 333 Ebony Avenue

City Brownsville	State TX	Zip Code 78520
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Filemon Vela**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff2012

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : 20058693**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Scott Brown For U.S. Senate Committee Inc**

Mailing Address 337 Summer Street

City Boston	State MA	Zip Code 02210
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Scott Brown**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

**Transaction ID : 20058701**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

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

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Derek Kilmer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : 20058703**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Green Mountain PAC**

Mailing Address PO Box 1142

City	State	Zip Code
Montpelier	VT	05601

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Green Mountain PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

**Transaction ID : 20058708**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Glacier PAC**Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Glacier PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

**Transaction ID : 20058712**

Amount of Each Disbursement this Period

5000.00
---------

2012 Contribution

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

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Barrasso**

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. John A. Barrasso MD**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

**Transaction ID : 20058713**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Lobiondo For Congress**

Mailing Address P. O. Box 550

City	State	Zip Code
Vineland	NJ	08362

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frank A. LoBiondo**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2012

**Transaction ID : 20058717**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Roger Williams For U S Congress Committee**

Mailing Address P.O. Box 91061

City	State	Zip Code
Austin	TX	78709

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Roger Williams**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: TX District: 25

Runoff2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : 20058720**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

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

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Searchlight Leadership Fund**Mailing Address 700 Thirteenth Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Searchlight Leadership Fund**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : 20058723**

Amount of Each Disbursement this Period

2500.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Wicker For Senate**

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Roger F. Wicker**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : 20058725**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Castro For Congress**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Joaquin Castro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

**Transaction ID : 20058726**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

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

7500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Wil Cardon For U.S. Senate Inc**

Mailing Address PO Box 2206

City Mesa	State AZ	Zip Code 85214
--------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Wilford Cardon**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : 20058732**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Dennis Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : 20058733**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Paul Gosar For Congress**

Mailing Address P.O. Box 3586

City Flagstaff	State AZ	Zip Code 86003
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul R. Gosar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

**Transaction ID : 20058734**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

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

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Meadows For Congress**

Mailing Address PO Box 811

City Highlands	State NC	Zip Code 28741
-------------------	-------------	-------------------

Purpose of Disbursement  
Void of 06/2012 Check

Candidate Name

**Mr. Mark Meadows**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20058739**

Amount of Each Disbursement this Period

-2000.00
----------

Void of 06/2012 Check

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059489**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City Fremont	State CA	Zip Code 94537
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pete Stark**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059492**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

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

1000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Pascrell For Congress**

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. William J. Pascrell Jr.**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : 20059495**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Tom Petri**

Mailing Address PO Box 270

City Fond Du Lac	State WI	Zip Code 54936
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Thomas E. Petri**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : 20059496**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Longhorn PAC**Mailing Address 228 S. Washington St.  
Suite B-20

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Longhorn PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : 20059554**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

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

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Synergy PAC**Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Synergy PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059585**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

**B. Alamo PAC**Mailing Address 919 Congress Ave.  
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Alamo PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059591**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

**C. Lucille Roybal-Allard For Congress**

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lucille Roybal-Allard**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059602**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Joe Wilson For Congress Committee**

Mailing Address PO Box 2145

City	State	Zip Code
West Columbia	SC	29171

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Wilson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : 20059608**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Bringing Leadership Back PAC (BLB PAC)**

Mailing Address PO Box 2246

City	State	Zip Code
Waterloo	IA	50704

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Bringing Leadership Back PAC (BLB PAC)**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : 20059609**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Sanford Bishop For Congress**

Mailing Address P. O. Box 909

City	State	Zip Code
Columbus	GA	31902

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sanford D. Bishop Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : 20059610**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Richard E. Neal**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059611**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Samuel B. Graves Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059630**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Anna G. Eshoo**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : 20059631**

Amount of Each Disbursement this Period

2000.00
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Contribution

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Jim Costa For Congress**Mailing Address 2037 W Bullard Avenue  
# 355

City Fresno State CA Zip Code 93711

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jim Costa**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

**Transaction ID : 20059632**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

**Transaction ID : 20059648**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Henry A. Waxman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

**Transaction ID : 20200752**

Amount of Each Disbursement this Period

5000.00
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Contribution

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

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City	State	Zip Code
Carrollton	TX	75011

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kenny Marchant**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

**Transaction ID : 20200753**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Collins For Congress**

Mailing Address PO Box 1295

City	State	Zip Code
Gainesville	GA	30503

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Douglas Collins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

**Transaction ID : 20200755**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Priority PAC**Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Priority PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

**Transaction ID : 20200756**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Solidarity PAC**Mailing Address 700 13th Street, N.W.  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Solidarity PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

**Transaction ID : 20200757**

Amount of Each Disbursement this Period

2000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael C. Burgess M.D.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

**Transaction ID : 20200758**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Kansans For Huelskamp**

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tim Huelskamp**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

**Transaction ID : 20237977**

Amount of Each Disbursement this Period

500.00
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Contribution

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Scott Brown For U.S. Senate Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Mailing Address 337 Summer Street

City	State	Zip Code
Boston	MA	02210

**Transaction ID : 20237978**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Scott Brown**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District:

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee for the Preservation of Capitalism (CPC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Mailing Address P.O. Box 65314

City	State	Zip Code
Washington	DC	22036

**Transaction ID : 20262006**Purpose of Disbursement  
2012 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Committee for the Preservation of Capitalism (CPC)**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Follow the North Star Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Mailing Address 316 E Hennepin Ave  
Suite 201

City	State	Zip Code
Minneapolis	MN	55414

**Transaction ID : 20262009**Purpose of Disbursement  
2012 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Follow the North Star Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

2012 Contribution

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

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(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**

Full Name (Last, First, Middle Initial)

**A. Leadership for America Today Tomorrow and Always PAC**

Mailing Address P.O. Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262014**

Amount of Each Disbursement this Period

2000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**Mailing Address 7315 Wisconsin Avenue  
Suite 310 EastCity  
BethesdaState  
MDZip Code  
20814Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
Type**Lone Star Leadership PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262017**

Amount of Each Disbursement this Period

4000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Longhorn PAC**Mailing Address 228 S. Washington St.  
Suite B-20City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
Type**Longhorn PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262018**

Amount of Each Disbursement this Period

3000.00
---------

2012 Contribution

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

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. New Pioneers PAC**Mailing Address 228 S. Washington St.  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2012 Contribution

Candidate Name

**New Pioneers PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262022**

Amount of Each Disbursement this Period

5000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Sawtooth PAC**

Mailing Address PO Box 65636

City Washington State DC Zip Code 20035

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Sawtooth PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262023**

Amount of Each Disbursement this Period

2000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Show-Me PAC**Mailing Address 611 Pennsylvania Ave., SE  
Suite 137

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Show-Me PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262025**

Amount of Each Disbursement this Period

2000.00
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2012 Contribution

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

9000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Hospital Association PAC

### A. Wild and Wonderful PAC

Transaction ID : 20262026

011

Amount of Each Disbursement this Period

Category/  
Type

2000.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

2012 Contribution

## B. Support to Ensure Victory Everywhere

MM / DD / YYYY

Transaction ID : 20262030

011

Amount of Each Disbursement this Period

Category/  
Type

2000.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

2012 Contribution

### C. Buckeye Liberty PAC

Transaction ID : 20262075

011

Amount of Each Disbursement this Period

Category/  
Type

2000.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2012 Contribution

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

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

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. Orrin PAC**

Mailing Address 175 S. West Temple Suite 650

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Orrin PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262077**

Amount of Each Disbursement this Period

2500.00
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2012 Contribution

Full Name (Last, First, Middle Initial)

**B. John D. Dingell For Congress**Mailing Address 700 13th Street, Nw  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John D. Dingell**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

**Transaction ID : 20262079**

Amount of Each Disbursement this Period

5000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Pioneer PAC**Mailing Address 499 South Capitol Street, SW  
Suite 408

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Pioneer PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262081**

Amount of Each Disbursement this Period

5000.00
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2012 Contribution

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

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 142

<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**

Full Name (Last, First, Middle Initial)

**A. Freedom Fund**

Mailing Address 128 N. Columbus Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Freedom Fund**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20262082**

Amount of Each Disbursement this Period

3000.00
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2012 Contribution

Full Name (Last, First, Middle Initial)

**B. John Lewis For Congress**

Mailing Address P.O. Box 2323

City	State	Zip Code
Atlanta	GA	30301

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Lewis**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012
	<input checked="" type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

**Transaction ID : 20262083**

Amount of Each Disbursement this Period

2500.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Carper For Senate**

Mailing Address PO Box 2882

City	State	Zip Code
Wilmington	DE	19805

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012
	<input type="checkbox"/> Primary
	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2012

**Transaction ID : 20262217**

Amount of Each Disbursement this Period

5000.00
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Contribution

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

10500.00
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125000.00
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