

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2190847.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2246282.21									
(c) Total Receipts (from Line 19)	168189.61	508083.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2414471.82	2698930.24								
7. Total Disbursements (from Line 31)	49585.61	334044.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2364886.21	2364886.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	103759.30	168007.79
(ii) Unitemized	21236.41	45468.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	124995.71	213476.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	124995.71	213476.55
12. Transfers From Affiliated/Other Party Committees	43000.00	286100.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	193.90	1006.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	168189.61	508083.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	168189.61	508083.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	335.61	10376.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	335.61	10376.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49250.00	323475.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	192.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49585.61	334044.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49585.61	334044.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	124995.71	213476.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124995.71	213476.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	335.61	10376.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	335.61	10376.53

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 6 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Bo Beames		Date of Receipt	
	Mailing Address P O Box 1009		M M / D D / Y Y Y Y 04 / 02 / 2010	
	City	State	Zip Code	Transaction ID: 18160978
	Socorro	NM	87801-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Socorro General Hospital		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Ms. Janet Carbarry		Date of Receipt	
	Mailing Address 2430 West Pierce Street		M M / D D / Y Y Y Y 04 / 02 / 2010	
	City	State	Zip Code	Transaction ID: 18160979
	Carlsbad	NM	88220-3553	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Carlsbad Medical Center		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Mr. James H Hinton		Date of Receipt	
	Mailing Address P O Box 26666		M M / D D / Y Y Y Y 04 / 02 / 2010	
	City	State	Zip Code	Transaction ID: 18160980
	Albuquerque	NM	87125-6666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Presbyterian Healthcare Services		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Lois Garner

Mailing Address 1400-6 Lake Pointe Way

City State Zip Code
Centerville OH 45459-5850

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

Name of Employer Occupation
Kettering Medical Center Nurse Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 18160982

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 18163535

Amount of Each Receipt this Period
1250.00

C.

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

Mailing Address P O Box 95009

City State Zip Code
Baton Rouge LA 70895-9009

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

Name of Employer Occupation
Woman's Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 18163536

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE		Date of Receipt
	Mailing Address P O Box 2511		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Baton Rouge	LA	70821-2511
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 18163537
Name of Employer Baton Rouge General Medical Center		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Robert L Hawley, , Jr., FAC		Date of Receipt
	Mailing Address 1001 Gause Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Slidell	LA	70458-2987
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 18163538
Name of Employer Slidell Memorial Hospital		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE		Date of Receipt
	Mailing Address 3421 Medical Park Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Monroe	LA	71203-2355
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 18163539
Name of Employer St. Patrick's Psychiatric Hospital		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Warner L Thomas	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 1514 Jefferson Highway	Transaction ID: 18163542
	City State Zip Code New Orleans LA 70121-2484	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ochsner Medical Center President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. John J Finan, , Jr.	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 4200 Essen Lane	Transaction ID: 18163543
	City State Zip Code Baton Rouge LA 70809-2196	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Franciscan Missionaries of Our Lady He President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 9521 Brookline Avenue	Transaction ID: 18163544
	City State Zip Code Baton Rouge LA 70809-8409	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Louisiana Hospital Association Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 644 Apache Drive

City State Zip Code
Abita Springs LA 70420-3331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 18163545

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 Henry Clay Avenue

City State Zip Code
New Orleans LA 70118-5798

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

Name of Employer Children's Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 18163546

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael O'Bryan, M.D.

Mailing Address 2500 Belle Chasse Highway

City State Zip Code
Terrytown LA 70056-7127

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

Name of Employer Ochsner Medical Center - West Bank
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 18163548

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Milton D Bourgeois, Jr.
Mailing Address 4608 Highway 1

City State Zip Code
Raceland LA 70394-2623

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

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

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

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

Transaction ID: 18163549

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. William Adock
Mailing Address 901 James Avenue

City State Zip Code
Farmerville LA 71241-2234

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

Name of Employer Occupation
Union General Hospital Chief Financial Officer

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

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

Transaction ID: 18163550

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Evalyn Ormond
Mailing Address P O Box 398

City State Zip Code
Farmerville LA 71241-0398

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

Name of Employer Occupation
Union General Hospital Administrator

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

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

Transaction ID: 18163551

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 200 Henry Clay Avenue

City State Zip Code
New Orleans LA 70118-5798

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18163552

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick J Quinlan, M.D.

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2484

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

Name of Employer Ochsner 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
0 4 / 0 1 / 2 0 1 0

Transaction ID: 18163557

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Johnny Koch

Mailing Address 8440 Jefferson Hwy., #301

City State Zip Code
Baton Rouge LA 70809-7652

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

Name of Employer HCA-Louisiana Occupation Legal Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18163558

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. K Scott Wester, , FACHE

Mailing Address 5000 Hennessy Boulevard

City State Zip Code
Baton Rouge LA 70808-4375

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

Name of Employer
Our Lady of the Lake Regional Medical

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
0 4 / 0 1 / 2 0 1 0

Transaction ID: 18163559

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

Name of Employer
Lake Charles Memorial Hospital

Occupation
Sr. VP, Specialty & Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 18163560

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Donna D. Poduska, MS, RN, CN

Mailing Address 2430 Merino Court

City State Zip Code
Fort Collins CO 80526-1431

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

Name of Employer
Poudre Valley Hospital

Occupation
Director of Resource Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18165975

Amount of Each Receipt this Period
350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James I Miller

Mailing Address 77 Pringle Way

City State Zip Code
Reno NV 89502-1474

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

Name of Employer: Renown Health
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: 18165985
Amount of Each Receipt this Period: 500.00

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

Mailing Address 2300 Opitz Boulevard

City State Zip Code
Woodbridge VA 22191-3311

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

Name of Employer: Potomac Hospital
Occupation: CEO, Potomac Hospital Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: 18166013
Amount of Each Receipt this Period: 350.00

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

Mailing Address 7 East Glenbrooke Circle

City State Zip Code
Richmond VA 23229-8001

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

Name of Employer: Virginia Hospital & Healthcare Associa
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: 18166017
Amount of Each Receipt this Period: 350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark S. Stauder

Mailing Address 10005 Fox Spring Ct

City State Zip Code
Oakton VA 22124-2658

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18166019

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Ellen Yoder

Mailing Address 802 Reliance Rd

City State Zip Code
Middletown VA 22645-3702

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

Name of Employer Valley Health System Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18166024

Amount of Each Receipt this Period
350.00

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

Mailing Address 189 Upland Road

City State Zip Code
Cambridge MA 02140-3604

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

Name of Employer Cambridge Health Alliance Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 18170803

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Cindy R. Turner

Mailing Address P O Drawer 1987

City Alma State GA Zip Code 31510-1987

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

Name of Employer Bacon County Hospital and Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 18170831

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Don Faulk, Jr., FACHE

Mailing Address P O Box 6000

City Macon State GA Zip Code 31208-6000

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

Name of Employer Medical Center of Central Georgia Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 18170845

Amount of Each Receipt this Period 500.00

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

Mailing Address 821 North Cobb Street

City Milledgeville State GA Zip Code 31061-2343

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

Name of Employer Oconee Regional Medical Center Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 18170846

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 97
(check only one)

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

A.

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

Mailing Address 2001 Peachtree Rd NE, 400

City Atlanta State GA Zip Code 30309-1476

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

Name of Employer Piedmont Healthcare Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 05 / 2010
Transaction ID: 18170847
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 11175 Cicero Drive, Suite 300

City Alpharetta State GA Zip Code 30022-1166

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

Name of Employer Regency Hospital Company Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 05 / 2010
Transaction ID: 18170848
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr Edward Gambrell

Mailing Address 163 Hospital Drive

City Toccoa State GA Zip Code 30577-6820

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

Name of Employer Stephens County Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 05 / 2010
Transaction ID: 18170850
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. James A. Cruickshank		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address 2260 Wrightsboro Road		Transaction ID: 18170852		
	City Augusta	State GA	Zip Code 30904-4764	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Trinity Hospital of Augusta	Occupation Chief Executive Officer	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Mr. Roger J Allman		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address 510 Miles Ridge Road		Transaction ID: 18170857		
	City Madison	State IN	Zip Code 47250-2420	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer King's Daughters' Hospital and Health	Occupation Chief Executive Officer	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Mr. Randy J. Hawkins		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address 807 Limestone Run Road		Transaction ID: 18170859		
	City Bedford	State IN	Zip Code 47421-8912	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bedford Regional Medical Center	Occupation Board Member/Trustee	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas J Leonard

Mailing Address 2574 California Street

City State Zip Code
Columbus IN 47201-3649

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

Name of Employer: Indiana Hospital Association
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 18170860
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City State Zip Code
Indianapolis IN 46278-9610

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

Name of Employer: Indiana Hospital Association
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 18170862
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Bernice C. Ulrich

Mailing Address 4655 Running Brook Terrace

City State Zip Code
Greenwood IN 46143-9255

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

Name of Employer: Indiana Hospital Association
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 18170863
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 4521 Hickory Grove Blvd.

City Greenwood State IN Zip Code 46143-7448

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

Name of Employer Indiana Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2010

Transaction ID: 18170864

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 1100.00

Date of Receipt 04 / 07 / 2010

Transaction ID: 18170924

Amount of Each Receipt this Period 1100.00

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

Mailing Address 3909 Snapper Pointe Drive

City Tampa State FL Zip Code 33611-1030

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

Name of Employer BayCare Health System Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2010

Transaction ID: 18170926

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 1717 North 'E' Street, Ste 320	Transaction ID: 18170927
	City State Zip Code Pensacola FL 32501-6377	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baptist Health Care Corporation Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Ms. Deanna Schaeffer	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 400 N. Clyde Morris Blvd	Transaction ID: 18170928
	City State Zip Code Daytona Beach FL 32114-2731	Amount of Each Receipt this Period 500.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. James R Nathan	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address P O Box 2218	Transaction ID: 18170952
	City State Zip Code Fort Myers FL 33902-2218	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Lee Memorial Hospital Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 10213 Capri St.

City State Zip Code
Hollywood FL 33026-4637

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

Name of Employer Occupation
Memorial Regional Hospital Senior Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 18170953

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ronald A Hytoff

Mailing Address P O Box 1289

City State Zip Code
Tampa FL 33601-1289

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

Name of Employer Occupation
Tampa General Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 18170954

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 331 Kentucky Blue Circle

City State Zip Code
Apopka FL 32712-4721

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

Name of Employer Occupation
Florida Hospital-Altamonte 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
0 4 / 0 7 / 2 0 1 0

Transaction ID: 18170955

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Eddie Soler

Mailing Address 250 Kentucky blue Circle

City State Zip Code
Apopka FL 32712-4767

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 ▼ 250.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 18170956
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City State Zip Code
Saint Petersburg FL 33701-4891

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 18171941
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Diane S. Raines

Mailing Address 4090 San Jose Boulevard

City State Zip Code
Jacksonville FL 32207-6063

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

Name of Employer Baptist Health Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 18171942
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Ed Noseworthy

Mailing Address 587 Broadoak Loop

City Sanford State FL Zip Code 32773-6604

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

Name of Employer Florida Hospital East Orlando Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2010

Transaction ID: 18171943

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Hugh Greene

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 President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 07 / 2010

Transaction ID: 18171945

Amount of Each Receipt this Period: 1000.00

C.

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

Mailing Address 53 S. River Road

City Stuart State FL Zip Code 34996-6723

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

Name of Employer Martin Memorial Health Systems Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 07 / 2010

Transaction ID: 18172011

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Emil P Miller	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 110 Longwood Avenue	Transaction ID: 18172012
	City State Zip Code Rockledge FL 32955-2828	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wuesthoff Health System President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. John Iacuone, MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 9981 South HealthPark Drive	Transaction ID: 18172013
	City State Zip Code Fort Myers FL 33908-3618	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lee Memorial Health System Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Laura Kaiser	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 5151 N. Ninth Ave	Transaction ID: 18172014
	City State Zip Code Pensacola FL 32504-8721	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sacred Heart Hospital of Pensacola President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 97
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address P O Box 6000

City State Zip Code
Ocala FL 34478-6000

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 18172015

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 3563 Phillips Highway Suite 101

City State Zip Code
Jacksonville FL 32207-5663

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

Name of Employer Occupation
Baptist Health Senior Vice President

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 18172017

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3303 Park Street

City State Zip Code
Jacksonville FL 32205-7830

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 18172019

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) ►

**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 27 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Douglas Baer	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 3599 University Blvd South	Transaction ID: 18172020
	City State Zip Code Jacksonville FL 32216-4252	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brooks Rehabilitation Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard K. Reiner	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 2711 Orchard Drive	Transaction ID: 18172021
	City State Zip Code Apopka FL 32712-4501	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Adventist Health System	Occupation Trustee/Board Chair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. James Angle	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 1176 Lake Point Cove	Transaction ID: 18172045
	City State Zip Code Pittsgrove NJ 08318-9184	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Memorial Hospital of Salem County	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Aline M. Holmes

Mailing Address 19 Ashford Drive

City Plainsboro State NJ Zip Code 08536-3632

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

Name of Employer: New Jersey Hospital Association
Occupation: Senior VP, Clinical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 18172058
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr Warren E Beck

Mailing Address 3319 West End Ave

City Nashville State TN Zip Code 37203-1059

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

Name of Employer: Vanderbilt University Medical Center
Occupation: Sr. Vice President/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172593
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 9616 Brunswick

City Brentwood State TN Zip Code 37027-8467

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

Name of Employer: Tennessee Hospital Association
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172594
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 304 Wright Street

City State Zip Code
Sweetwater TN 37874-2897

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

Name of Employer Occupation
Sweetwater Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: 18172595

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Charlotte Burns

Mailing Address 935 Wayne Road

City State Zip Code
Savannah TN 38372-1937

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

Name of Employer Occupation
Hardin Medical Center Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: 18172596

Amount of Each Receipt this Period
350.00

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

Mailing Address P.O. Box 1490

City State Zip Code
Manchester TN 37349-4490

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

Name of Employer Occupation
Medical Center of Manches- Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: 18172597

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 907 East Lamar Alexander Pkwy

City State Zip Code
Maryville TN 37804-5016

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

Name of Employer Occupation
Blount Memorial Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 18172598

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn Dubree

Mailing Address 1211 22nd Avenue South
AA-120 MCN

City State Zip Code
Nashville TN 37232-0004

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

Name of Employer Occupation
Vanderbilt University Medical Center Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 18172599

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Fred Gattas, Jr.

Mailing Address 5000 Summer Ave.

City State Zip Code
Memphis TN 38122-4335

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

Name of Employer Occupation
St. Jude Children's Research Hospital Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 18172600

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Larry Goldberg

Mailing Address 1211 22nd Avenue South

City Nashville State TN Zip Code 37232-0004

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

Name of Employer: Vanderbilt University Medical Center
Occupation: Executive Director and Chief Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172601
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 7891 Cross Pike Drive

City Germantown State TN Zip Code 38138-8117

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

Name of Employer: Baptist Memorial Health Care Corporation
Occupation: Executive Vice President & CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172602
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1924 Alcoa Highway, Box 81

City Knoxville State TN Zip Code 37920-1511

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

Name of Employer: University of Tennessee Medical Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172604
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Wesley Littrell

Mailing Address 2000 Church Street

City Nashville State TN Zip Code 37236-0002

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

Name of Employer Baptist Hospital Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172605
Amount of Each Receipt this Period: 1000.00

B.

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

Mailing Address One Siskin Plaza

City Chattanooga State TN Zip Code 37403-1306

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

Name of Employer Siskin Hospital for Physical Rehabilit Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172606
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Anthony L Spezia

Mailing Address 100 Fort Sanders West Blvd

City Knoxville State TN Zip Code 37922-3353

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

Name of Employer Covenant Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: 18172607
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 1080 Cedar Drive Cedar Lake Estates	Transaction ID: 18172608
	City Camden State TN Zip Code 38320-6033	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baptist Memorial Hospital-Huntingdon Occupation Vice Chair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Karen Utley	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 708 West Forest Avenue	Transaction ID: 18172609
	City Jackson State TN Zip Code 38301-3901	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West Tennessee Healthcare Occupation Vice President, System Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 701 N State of Franklin, Ste 1	Transaction ID: 18172610
	City Johnson City State TN Zip Code 37604-3645	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mountain States Health Alliance Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Charles H Whitfield, Jr.		Date of Receipt
	Mailing Address 1420 Tusculum Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Greenville	TN	37745-5825
	FEC ID number of contributing federal political committee. C		Transaction ID: 18172611
Name of Employer Laughlin Memorial Hospital		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Mr. Dennis E Klima		Date of Receipt
	Mailing Address 640 South State Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Dover	DE	19901-3597
	FEC ID number of contributing federal political committee. C		Transaction ID: 18174130
Name of Employer Bayhealth Medical Center		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 800.00

C.	Full Name (Last, First, Middle Initial) Mr. F. Kenneth Ackerman, Jr.		Date of Receipt
	Mailing Address 901 Marquette Avenue South Suite 2100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Minneapolis	MN	55402-3713
	FEC ID number of contributing federal political committee. C		Transaction ID: 18174751
Name of Employer Integrated Healthcare Strategies		Occupation Chairman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Dawn Straub		Date of Receipt	
	Mailing Address 5713 N 115th Circle		M M / D D / Y Y Y Y 04 / 09 / 2010	
	City	State	Zip Code	Transaction ID: 18174827
	Omaha	NE	68164-1466	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Nebraska Medical Center		Occupation Director, Nursing Resources & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, , FACHE		Date of Receipt	
	Mailing Address 987400 Nebraska Medical Center		M M / D D / Y Y Y Y 04 / 09 / 2010	
	City	State	Zip Code	Transaction ID: 18175045
	Omaha	NE	68198-7400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Nebraska Medical Center		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Stephen L Goeser		Date of Receipt	
	Mailing Address 8303 Dodge Street		M M / D D / Y Y Y Y 04 / 09 / 2010	
	City	State	Zip Code	Transaction ID: 18175046
	Omaha	NE	68114-4108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Nebraska Methodist Hospital		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 36 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ken Klaasmeyer

Mailing Address 3018 N 131st St

City State Zip Code
Omaha NE 68164-4226

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

Name of Employer: Nebraska Methodist Health System, Inc. Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 18175049
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Laura J. Redoutey, FACHE

Mailing Address 1863 Folkways

City State Zip Code
Lincoln NE 68521-5077

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

Name of Employer: Nebraska Hospital Association Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 18175071
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1151 East Warrenville Rd.

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer: Illinois Hospital Association Occupation: Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 18175075
 Amount of Each Receipt this Period: 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Peter W Butler	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 1653 West Congress Parkway	Transaction ID: 18175076
	City State Zip Code Skokie IL 60612-3864	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rush University Medical Center Executive Vice President and Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Mr J.R. Clapp	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 3513 N. Fremont St Apt. 1	Transaction ID: 18175077
	City State Zip Code Chicago IL 60657-2992	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rush University Medical Center Senior Vice President, Hospital Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Edgar J Curtis	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 701 North First Street	Transaction ID: 18175078
	City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Medical Center President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1800 Grist Mill Drive

City State Zip Code
Springfield IL 62711-8113

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

Name of Employer Occupation
Memorial Health System Vice President, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18175081

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code
Downers Grove IL 60515-1500

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

Name of Employer Occupation
Advocate Good Samaritan Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18175082

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Wayne M Lerner, , DPH

Mailing Address 2701 West 68th Street

City State Zip Code
Chicago IL 60629-1813

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

Name of Employer Occupation
Holy Cross Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 18175085

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Mailing Address 640 West Washington Street		Transaction ID: 18175087
	City Pittsfield	State IL	Zip Code 62363-1350
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Illini Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr Paul M Teodo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Mailing Address 852 West Street		Transaction ID: 18175088
	City Naperville	State IL	Zip Code 60540-6400
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Linden Oaks Hospital at Edward	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Darryl L Vandervort		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Mailing Address 403 East First Street		Transaction ID: 18175089
	City Dixon	State IL	Zip Code 61021-3187
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Katherine Shaw Bethea Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas Young

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
Northwestern Memorial Hospital Vice President, Accounting

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

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 18175090

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Reginald M. Ballantyne, III

Mailing Address 3266 East Valley Vista Lane

City State Zip Code
Paradise Valley AZ 85253-3738

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

Name of Employer Occupation
Vanguard Health System Corporate Officer & Senior Vice Presid

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

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: 18177367

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 119 Belmont Street

City State Zip Code
Worcester MA 01605-2903

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

Name of Employer Occupation
UMass Memorial Medical Center President

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

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: 18180261

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4418

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

Name of Employer Occupation
Integris Baptist Medical Center President

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

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

Transaction ID: 18184362

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Mr. C. Bruce Lawrence

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4481

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

Name of Employer Occupation
Integris Baptist Medical Center President and Chief Operating Officer

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

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

Transaction ID: 18184364

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 905 South Main Street

City State Zip Code
Shattuck OK 73858-9205

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

Name of Employer Occupation
Newman Memorial Hospital Chief Executive Officer

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

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

Transaction ID: 18184815

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jaconna R. Tiller

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4418

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

Name of Employer Occupation
Integris Baptist Medical Center CNO/VP Patient Services

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

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

Transaction ID: 18184819

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert J Laskowski, , M.D.

Mailing Address P O Box 6001

City State Zip Code
Newark DE 19718-6001

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

Name of Employer Occupation
Christiana Care Health System President and Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 18187546

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Melissa Samuelson, RN, MSN, C

Mailing Address 606 Almaroad Place SW

City State Zip Code
Jacksonville AL 36265-3346

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

Name of Employer Occupation
Stringfellow Memorial Hospital Chief Nursing Officer

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

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

Transaction ID: 18189365

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Carol Reineck, Ph.D., CNA

Mailing Address 15111 Oak Loft

City State Zip Code
San Antonio TX 78232-4617

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

Name of Employer Occupation
University of Texas Health Assistant Professor, Dept. of Acute Nu
Science Cen

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

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

Transaction ID: 18189372

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 3070 Morford Road

City State Zip Code
Petoskey MI 49770-9234

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

Name of Employer Occupation
Northern Michigan Regional COO & Chief Nursing Executive
Hospital

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

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

Transaction ID: 18189375

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Lois Garner

Mailing Address 1400-6 Lake Pointe Way

City State Zip Code
Centerville OH 45459-5850

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

Name of Employer Occupation
Kettering Medical Center Nurse Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

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

Transaction ID: 18189445

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **1425.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Verena J. Briley-Hudson, MN, RN

Mailing Address Post Office Box 449

City State Zip Code
Hines IL 60141-0449

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

Name of Employer Department of Veterans Affairs
Occupation Director of Healthcare Inspections

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18189510

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 1878 Lemon Grove Street

City State Zip Code
Henderson NV 89052-6850

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

Name of Employer Nevada Organization of Nurse Leaders
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190259

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joyce L. Young

Mailing Address 601 East Minges

City State Zip Code
Battle Creek MI 49015-4719

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

Name of Employer Henry Ford Health System
Occupation VP/Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190319

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1216 Second Street, SW

City State Zip Code
Rochester MN 55902-1906

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

Name of Employer Occupation
Mayo Clinic Nurse Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190334

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. M. Rae Woods, BSN

Mailing Address 114 Shamrock Drive

City State Zip Code
Chester SC 29706-1920

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

Name of Employer Occupation
Chester Regional Medical Center Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190340

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Judy Boerger, RN

Mailing Address 11913 Crossway Drive

City State Zip Code
Fort Wayne IN 46814-9150

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

Name of Employer Occupation
Parkview Hospital Sr. Vice President & Chief Nursing Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190341

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Rita M. Turley, MS, RN

Mailing Address 351 Morningside Lane North

City State Zip Code
Billings MT 59105-2873

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

Name of Employer Occupation
Turley Consulting President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190365

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Rhonda Anderson, RN, DNSc,

Mailing Address 1400 South Dobson Road

City State Zip Code
Mesa AZ 85202-4707

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

Name of Employer Occupation
Cardon Children's Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190366

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth T. Beaudin, RN, Ph.D.,

Mailing Address 69 Day Street

City State Zip Code
Granby CT 06035-2901

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

Name of Employer Occupation
Connecticut Hospital Association Director, Nursing & Work Force Initiat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190371

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address P.O. Box 977

City Bristol State CT Zip Code 06011-0977

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

Name of Employer Bristol Hospital Occupation Senior VP, Patient Services & CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: 18190372
Amount of Each Receipt this Period: 350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Denise M. Lucas, RN, MSN, N

Mailing Address 100 Hospital Avenue
P.O. Box 447

City Du Bois State PA Zip Code 15801-1499

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

Name of Employer DuBois Regional Medical Center Occupation V.P., Patient Services/Chief Nurse Exe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: 18190375
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Janet L. Nash

Mailing Address 255 West Lancaster Ave.

City Paoli State PA Zip Code 19301-1761

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

Name of Employer Paoli Hospital Occupation Vice President, Patient Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 19 / 2010
Transaction ID: 18190376
Amount of Each Receipt this Period: 350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kimberly Nagy	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address 660 North Westmoreland Road	Transaction ID: 18190385
	City State Zip Code Lake Forest IL 60045-1659	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lake Forest Hospital VP, Patient Care Services, CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Ms. Sherri-Lynne Almeida	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address 7447 Cambridge #41	Transaction ID: 18190386
	City State Zip Code Houston TX 77054-2027	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Care Fusion Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Claire Murray	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address 1501 Twelfth Ave.	Transaction ID: 18190420
	City State Zip Code Watervliet NY 12189-2402	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation New York Organization Nurse Executives Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	910.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 49 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia J. Crome

Mailing Address 117 East Louisa Street
#153

City State Zip Code
Seattle WA 98102-3203

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

Name of Employer Occupation
Rona Consulting Principal

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190435

Amount of Each Receipt this Period
350.00

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

Mailing Address 1319 Wahnli Street

City State Zip Code
Galveston TX 77554-6918

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

Name of Employer Occupation
University of Texas Medical Branch Hos Chief Nursing & Patient Care Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190465

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Joan Shinkus Clark, MSN, RN, N

Mailing Address 2110 Royal Dominion Ct

City State Zip Code
Arlington TX 76006-4836

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

Name of Employer Occupation
Texas Health Resources Senior Vice President & Systems CNO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 18190466

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 103 Tuscany Way

City State Zip Code
Shavano Park TX 78249-2061

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

Name of Employer Occupation
CHRISTUS Santa Rosa Health System Chief Nursing Officer

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

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

Transaction ID: 18190467

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Claus von Zychlin

Mailing Address 793 West State Street

City State Zip Code
Columbus OH 43222-1551

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

Name of Employer Occupation
Mount Carmel President and Chief Executive Officer

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

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

Transaction ID: 18190482

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. James M Sudimack, MD

Mailing Address 2774 Timber Creek Dr. N

City State Zip Code
Cortland OH 44410-1756

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

Name of Employer Occupation
Ohio State University Medical Center Trustee

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

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

Transaction ID: 18190483

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Heidi L. Gartland

Mailing Address 7604 Andover Way

City State Zip Code
Hudson OH 44236-4616

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

Name of Employer Occupation
University Hospitals Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 18190484

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 11 Fischer Road

City State Zip Code
Linwood NJ 08221-1340

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

Name of Employer Occupation
AtlantiCare President Emeritus, Board of Trustees

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18190521

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael R. Dunaway

Mailing Address 15081 Linden Lane

City State Zip Code
Leawood KS 66224-3412

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

Name of Employer Occupation
Missouri Hospital Association Senior VP, Field Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 18193472

Amount of Each Receipt this Period
385.00

SUBTOTAL of Receipts This Page (optional) ► **885.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 750 East 34th Street

City Hibbing State MN Zip Code 55746-2341

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

Name of Employer Fairview Range Regional Health Service
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 28 / 2010
Transaction ID: 18198775
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Rocklon B. Chapin

Mailing Address 4232 Washington Drive

City Hermantown State MN Zip Code 55811-3687

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

Name of Employer St. Mary's/Duluth Clinic Health System
Occupation Executive Vice President & Sr. Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 28 / 2010
Transaction ID: 18198790
Amount of Each Receipt this Period: 1000.00

C.

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

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, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 28 / 2010
Transaction ID: 18198867
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 301 Second Street Northeast

City State Zip Code
New Prague MN 56071-1709

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

Name of Employer Queen of Peace Hospital Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 18198869

Amount of Each Receipt this Period
400.00

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

Mailing Address P O Box 43

City State Zip Code
Minneapolis MN 55440-0043

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

Name of Employer Allina Hospitals & Clinics Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 18198876

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel Rohrbach

Mailing Address 201 Ninth St. NW

City State Zip Code
Ada MN 56510

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

Name of Employer Bridges 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
0 4 / 2 8 / 2 0 1 0

Transaction ID: 18198879

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Georgia R Fojtasek

Mailing Address 205 North East Avenue

City State Zip Code
Jackson MI 49201-1753

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

Name of Employer Allegiance Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18199309

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr Seshagiri Dandamudi

Mailing Address 111 Devenshire Court

City State Zip Code
Battle Creek MI 49015-9647

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

Name of Employer Battle Creek Health System Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18199312

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Robert Holmes

Mailing Address 1982 N Farley

City State Zip Code
Essexville MI 48732-9738

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

Name of Employer Bay Regional Medical Center Occupation Medical Director-Surgical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18199313

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 97
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Mr. J. Patrick Dyson

Mailing Address P.O. Box 51167

City State Zip Code
Kalamazoo MI 49005-1167

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

Name of Employer Occupation
Borgess Health Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18199314

Amount of Each Receipt this Period
375.00

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

Mailing Address 1521 Gull Road

City State Zip Code
Kalamazoo MI 49048-1640

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

Name of Employer Occupation
Borgess Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18199315

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul E. LaCasse, , DO

Mailing Address 6520 Commerce Road

City State Zip Code
West Bloomfield MI 48324-2714

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

Name of Employer Occupation
Botsford Hospital President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18199316

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1475.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 41511 Thoreau Ridge

City State Zip Code
Novi MI 48377-2853

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

Name of Employer Botsford Hospital Occupation Corporate Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18199317

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael Rebock, D.O.

Mailing Address 1939 Fairview

City State Zip Code
Birmingham MI 48009-1148

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

Name of Employer Botsford Hospital Occupation Director of Hospital Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18199319

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frank J Sardone

Mailing Address P O Box 209

City State Zip Code
Paw Paw MI 49079-0209

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

Name of Employer Bronson LakeView Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

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

Transaction ID: 18199321

Amount of Each Receipt this Period
625.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 14700 Lake Shore Drive

City State Zip Code
Charlevoix MI 49720-1931

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

Name of Employer Occupation
Charlevoix Area Hospital President

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

Date of Receipt

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

Transaction ID: 18199322

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr Edward Bruff

Mailing Address 1447 North Harrison Street

City State Zip Code
Saginaw MI 48602-4727

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

Name of Employer Occupation
Covenant Health Care Executive Vice President and Chief Op

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: 18199323

Amount of Each Receipt this Period

450.00

C.

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

Mailing Address 672 Morningside Drive

City State Zip Code
Grand Blanc MI 48439-2312

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

Name of Employer Occupation
Covenant Health Care Vice President, Ambulatory Services

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

Date of Receipt

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

Transaction ID: 18199342

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Mark E Gronda		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 2109 Durham		Transaction ID: 18199343		
	City Saginaw	State MI	Zip Code 48609-9236	Amount of Each Receipt this Period 450.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Health Care	Occupation Vice President and Chief Financial Off			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Dr. John M. Kosanovich, M.D.		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 25 E. Hannum Blvd.		Transaction ID: 18199344		
	City Saginaw	State MI	Zip Code 48602-1937	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Health Care	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Mr. Spencer Maidlow		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 1447 North Harrison Street		Transaction ID: 18199345		
	City Saginaw	State MI	Zip Code 48602-4727	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Health Care	Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 59 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carol Stoll

Mailing Address 7630 Laurie Lane N.

City State Zip Code
Saginaw MI 48609-4909

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

Name of Employer Occupation
Covenant Health Care Vice President, Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18199347

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Tim Wenzel

Mailing Address 555 Northview Drive

City State Zip Code
Frankenmuth MI 48734-9304

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

Name of Employer Occupation
Covenant Health Care Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 18199348

Amount of Each Receipt this Period
350.00

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

Mailing Address 3990 John R

City State Zip Code
Detroit MI 48201-2018

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18199349

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 4406 Devonshire

City State Zip Code
Troy MI 48098-6652

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

Name of Employer: DMC Surgery Hospital Occupation: Sr. Vice President & Chief Restructuri

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2010

Transaction ID: 18199350

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Randall Stasik

Mailing Address 212 South Sullivan Street

City State Zip Code
Fremont MI 49412-1548

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

Name of Employer: Gerber Memorial Health Services Occupation: President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2010

Transaction ID: 18199683

Amount of Each Receipt this Period: 500.00

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

Mailing Address 13355 East Ten Mile Road

City State Zip Code
Warren MI 48089-2048

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2010

Transaction ID: 18199684

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nancy M Schlichting

Mailing Address One Ford Place

City State Zip Code
Detroit MI 48202-3450

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: 18199685

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles D. Kohlruss

Mailing Address 946 Meadow Lark Court

City State Zip Code
Holland MI 49424-6602

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

Name of Employer Occupation
Holland Hospital Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 18199686

Amount of Each Receipt this Period
250.00

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

Mailing Address 15277 Meadowwood

City State Zip Code
Grand Haven MI 49417-9684

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

Name of Employer Occupation
Holland Hospital Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 18200051

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 62 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dale Sowders

Mailing Address 602 Michigan Avenue

City State Zip Code
Holland MI 49423-4918

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

Name of Employer Occupation
Holland Hospital 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
0 4 / 2 3 / 2 0 1 0

Transaction ID: 18200052

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr Terry L Steele

Mailing Address 391 Troon Court

City State Zip Code
Holland MI 49423-8830

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

Name of Employer Occupation
Holland Hospital Vice President Finance and Chief Finan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18200053

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Patti Van Dort

Mailing Address 2629 Floral Drive

City State Zip Code
Zeeland MI 49464-9107

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

Name of Employer Occupation
Holland Hospital VP Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18200055

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. A Gary Muller, , FACHE

Mailing Address 580 West College Avenue

City State Zip Code
Marquette MI 49855-2705

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

Name of Employer Marquette General 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
 0 4 / 2 3 / 2 0 1 0

Transaction ID: 18200057

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Clark Ballard

Mailing Address 1601 Willoughby Road

City State Zip Code
Mason MI 48854-9435

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

Name of Employer Michigan Health & Hospital Association
Occupation Senior 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
 0 4 / 2 3 / 2 0 1 0

Transaction ID: 18200306

Amount of Each Receipt this Period
750.00

C.

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

Mailing Address 2066 Riverwood Drive

City State Zip Code
Okemos MI 48864-2814

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

Name of Employer Michigan Health & 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
 0 4 / 2 3 / 2 0 1 0

Transaction ID: 18200307

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Brian Peters

Mailing Address 3051 Crofton Dr.

City State Zip Code
Dewitt MI 48820-7770

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

Name of Employer Michigan Health & Hospital Association
Occupation Senior Corporate Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18200309

Amount of Each Receipt this Period
750.00

B.

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

Mailing Address 818 Cowley Ave

City State Zip Code
East Lansing MI 48823-3012

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

Name of Employer Michigan Health & Hospital Association
Occupation Director, Client Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18200310

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard M Reynolds

Mailing Address 3467 N. Sunset Way

City State Zip Code
Sanford MI 48657-9583

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

Name of Employer MidMichigan Health
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18200375

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Mark S O'Halla	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 1000 Harrington Boulevard	Transaction ID: 18200377
	City State Zip Code Mount Clemens MI 48043-2920	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mount Clemens Regional Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Gertz	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 1047 Curtis Avenue	Transaction ID: 18200379
	City State Zip Code Petoskey MI 49770-2811	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Central Council of the MHA Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Brian M Connolly	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address One Parklane Blvd, Ste 1000E	Transaction ID: 18200380
	City State Zip Code Dearborn MI 48126-4241	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Oakwood Healthcare, Inc. Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Edith M Hughes

Mailing Address 5450 Fort Street

City State Zip Code
Trenton MI 48183-4601

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

Name of Employer Occupation
Oakwood Healthcare, Inc. Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18200381

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr John Keuten

Mailing Address 570 Brittany Court

City State Zip Code
Rochester Hills MI 48309-2613

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

Name of Employer Occupation
Oakwood Healthcare, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18200406

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 5686 Briar Glen

City State Zip Code
Saline MI 48176-9537

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

Name of Employer Occupation
Oakwood Healthcare, Inc. Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 18200407

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Peter G Jennings	Date of Receipt
	Mailing Address 3401 Ludington Street	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Escanaba MI 49829-1300	<input type="text"/> 0 4 / <input type="text"/> 2 3 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: 18200408
	Name of Employer Occupation OSF St. Francis Hospital President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 412.50	<input type="text"/> 412.50

B.	Full Name (Last, First, Middle Initial) Mr. Thomas D DeFauw, , FACHE	Date of Receipt
	Mailing Address 1221 Pine Grove Avenue	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Port Huron MI 48060-3511	<input type="text"/> 0 4 / <input type="text"/> 2 3 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: 18200409
	Name of Employer Occupation Port Huron Hospital President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. James Bogan	Date of Receipt
	Mailing Address 500 Campus Drive	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Hancock MI 49930-1569	<input type="text"/> 0 4 / <input type="text"/> 2 3 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: 18200410
	Name of Employer Occupation Portage Health President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1412.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Dwight Gascho

Mailing Address 170 North Caseville Road

City State Zip Code
Pigeon MI 48755-9704

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

Name of Employer Scheurer Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 18200411

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 11803 Silverspring Dr.

City State Zip Code
Dewitt MI 48820-7731

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

Name of Employer Sheridan Community Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

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

Transaction ID: 18200412

Amount of Each Receipt this Period
340.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dennis A Swan

Mailing Address P O Box 30480

City State Zip Code
Lansing MI 48909-7980

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

Name of Employer Sparrow Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 18200413

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1090.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard C Breon

Mailing Address 100 Michigan Street NE

City State Zip Code
Grand Rapids MI 49503-2560

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

Name of Employer Occupation
Spectrum Health President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 18200414

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Matthew G. Van Vranken

Mailing Address 5669 Watermark Court SE

City State Zip Code
Grand Rapids MI 49546-6487

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

Name of Employer Occupation
Spectrum Health Butterworth Hospital President

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

Date of Receipt

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

Transaction ID: 18200429

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 1828 Boston Blvd

City State Zip Code
Lansing MI 48910-1173

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

Name of Employer Occupation
St. John Health - Remote Office Vice President, Advocacy

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

Date of Receipt

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

Transaction ID: 18200430

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Patrick Murtha		Date of Receipt
	Mailing Address P O Box 659		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Tawas City	MI	48764-0659
	FEC ID number of contributing federal political committee. C		Transaction ID: 18200431
Name of Employer St. Joseph Health System		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Douglas Strong		Date of Receipt
	Mailing Address 1500 East Medical Center Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Ann Arbor	MI	48109-0999
	FEC ID number of contributing federal political committee. C		Transaction ID: 18200432
Name of Employer University of Michigan Ho- spitals and H		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo		Date of Receipt
	Mailing Address 2463 South M-30		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	West Branch	MI	48661-1199
	FEC ID number of contributing federal political committee. C		Transaction ID: 18200433
Name of Employer West Branch Regional Medi- cal Center		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Henry A Veenstra	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 8333 Felch Street	Transaction ID: 18200434
	City State Zip Code Zeeland MI 49464-2608	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Zeeland Community Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Philip H McCorkle, Jr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 200 Jefferson Avenue SE	Transaction ID: 18200462
	City State Zip Code Grand Rapids MI 49503-4502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Saint Mary's Health Care Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Gail Lovinger	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 2225 Simpson	Transaction ID: 18200544
	City State Zip Code Evanston IL 60201-3006	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Association Governance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 97
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Laurence A Tanner

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 18200569

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

Amount of Each Receipt this Period
500.00

Name of Employer
Hospital of Central Connecticut, The

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Randy Revelle

Mailing Address 2809 39th Avenue West

City State Zip Code
Seattle WA 98119-4198

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 18200570

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

Amount of Each Receipt this Period
1000.00

Name of Employer
Washington State Hospital Association

Occupation
Sr. VP, Policy & Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr Angela L Scioscia

Mailing Address 200 West Arbor Drive

City State Zip Code
San Diego CA 92103-9000

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: 18201211

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

Amount of Each Receipt this Period
350.00

Name of Employer
University of California San Diego Med

Occupation
Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1235 East Cherokee Street

City State Zip Code
Springfield MO 65804-2203

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

Name of Employer St. John's Health System Occupation Vice President/CNE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 18201400

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr Kenneth A Becker

Mailing Address 14 Campus Boulevard, Suite 300

City State Zip Code
Newtown Square PA 19073-3277

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

Name of Employer Catholic Health East Occupation VP, Advocacy & Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 18227672

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 2001 19th St NW Apt 5

City State Zip Code
Washington DC 20009-1343

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

Name of Employer TENET Healthcare Corporation Occupation Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: 18227676

Amount of Each Receipt this Period
350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Alex Valdez, , JD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 1 0
	Mailing Address P O Box 2107	Transaction ID: 18227711
	City State Zip Code Santa Fe NM 87504-2107	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHRISTUS St. Vincent Regional Medical Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Warren Tardy	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Mailing Address 310 25th Avenue North Suite 101	Transaction ID: 18227762
	City State Zip Code Nashville TN 37203-1515	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCA Director, Public Policy Management Gro Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1045726223635
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation American Hospital Association-Washingt Senior Vice President & General Course Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	930.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address One North Franklin Street Suite 32139	Transaction ID: PR1302378923635
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1671258623635
	City State Zip Code Washington DC 20004-2801	Amount of Each Receipt this Period 90.90
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.45 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 227.25	

C.	Full Name (Last, First, Middle Initial) Mr Robert P David	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1677512423635
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 90.90
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.45 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 227.25	

SUBTOTAL of Receipts This Page (optional)	261.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Linda 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 ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR327629123635

Amount of Each Receipt this Period 80.00

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

B.

Full Name (Last, First, Middle Initial)
Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City Rockville State MD Zip Code 20852-3249

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

Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR327745923635

Amount of Each Receipt this Period 80.00

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

C.

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

Mailing Address 1022 S. Harvey Avenue

City Oak Park State IL Zip Code 60304-2132

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

Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR327777823635

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR327812023635
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR327858023635
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C.

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

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR327877823635
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 130 North Garland Court #3002	Transaction ID: PR327895723635
	City State Zip Code Chicago IL 60602-4750	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328132823635
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 204 7th Ave	Transaction ID: PR328136923635
	City State Zip Code La Grange IL 60525-6406	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 79 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. 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 ▼ 320.00

Date of Receipt

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

Transaction ID: PR328223823635

Amount of Each Receipt this Period 80.00

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

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

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: PR328260923635

Amount of Each Receipt this Period 80.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: PR328341823635

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. 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 ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR328511823635
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address One North Franklin Ave.

City Chicago State IL Zip Code 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 ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR328913323635
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

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 President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR329071323635
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
	Mailing Address 500 Interstate Boulevard South		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Nashville	TN	37210-4634
	FEC ID number of contributing federal political committee. C		Transaction ID: PR329215723635
Name of Employer American Hospital Association-Chicago		Occupation AHA Regional Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 320.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
	Mailing Address 4960 138th Cricle West		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Apple Valley	MN	55124-9229
	FEC ID number of contributing federal political committee. C		Transaction ID: PR330475423635
Name of Employer American Hospital Association-Chicago		Occupation Regional Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 320.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Lake Forest	IL	60045-1715
	FEC ID number of contributing federal political committee. C		Transaction ID: PR330549223635
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Constituency Section	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 320.00	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 240.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 82 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.
Mailing Address 6225 US Hwy 290 E
City Austin State TX Zip Code 78761-5587
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive for TX
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt 04 / 30 / 2010
Transaction ID: PR331416023635
Amount of Each Receipt this Period 120.00
P/R Deduction (\$60.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls St.
City Falls Church State VA Zip Code 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 ▼ 320.00
Date of Receipt 04 / 30 / 2010
Transaction ID: PR331533223635
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
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, PMG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00
Date of Receipt 04 / 30 / 2010
Transaction ID: PR346168123635
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 280.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee. C		Transaction ID: PR517619723635
Name of Employer American Hospital Association-Washingt		Occupation Vice President Executive Branch Relati	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	<input type="text" value="80.00"/>
			P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee. C		Transaction ID: PR518031923635
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="60.00"/>
			P/R Deduction (\$21.74 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="140.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="103759.30"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
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 ▼
13000.00

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

Transaction ID: 18180979

Amount of Each Receipt this Period
13000.00

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

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80000.00

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

Transaction ID: 18193471

Amount of Each Receipt this Period
20000.00

C. Full Name (Last, First, Middle Initial)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 18234230

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **43000.00**

TOTAL This Period (last page this line number only) ► **43000.00**

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

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

FOR LINE NUMBER: PAGE 85 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1400 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1006.51

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

Transaction ID: 18242327

Amount of Each Receipt this Period
193.90

Interest Earned

SUBTOTAL of Receipts This Page (optional)	▶	193.90
TOTAL This Period (last page this line number only)	▶	193.90

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18184870
Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Mailing Address PO Box 1000

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement
Contribution

Candidate Name
Sen. Charles E. Grassley

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18185114
Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Friends Of Dan Maffei

Mailing Address PO Box 74

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Daniel B. Maffei

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18185115
Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 97

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Charlie Dent For Congress	Transaction ID: 18185116 Date of Disbursement
	Mailing Address PO Box 442	<input type="text" value="04"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Rep. Charles W. Dent	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Friends Of John Barrasso	Transaction ID: 18189400 Date of Disbursement
	Mailing Address PO Box 52008	<input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Casper State WY Zip Code 82605	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 Contribution	<input type="text" value="1000.00"/>
	Candidate Name Sen. John A. Barrasso, MD	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	2012 Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 18189403 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. John Barrow	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress <hr/> Mailing Address P.O. Box 696 <hr/> City Madison State WI Zip Code 53701 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18189406 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Contribution
B. Full Name (Last, First, Middle Initial) Committee To Elect Linda Sanchez <hr/> Mailing Address 601 S Glenoaks Blvd Suite 211 <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Linda T. Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18189408 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Contribution
C. Full Name (Last, First, Middle Initial) Richardson For Congress <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Laura Richardson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18189409 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 18189416 Date of Disbursement 04 / 15 / 2010
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 1000.00
	City Utica State NY Zip Code 13505	
	Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Weiner	Transaction ID: 18189417 Date of Disbursement 04 / 15 / 2010
	Mailing Address 1 Ascan Avenue #31 Suite 31	Amount of Each Disbursement this Period 1000.00
	City Forest Hills State NY Zip Code 11375	
	Purpose of Disbursement Contribution Candidate Name Rep. Anthony D. Weiner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Spirit Fund, The	Transaction ID: 18189435 Date of Disbursement 04 / 20 / 2010
	Mailing Address P.O. Box 70808	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement 2010 Contribution Candidate Name Spirit Fund, The Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Dirigo PAC</p> <p>Mailing Address P.O. Box 1355</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Dirigo PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18189441 Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) TRUST PAC (Team Republicans for Utilizing Sensible Tactics)</p> <p>Mailing Address Post Office Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name TRUST PAC (Team Republicans for Utilizing Sensible Tactics)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18189444 Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) John Tierney For Congress</p> <p>Mailing Address 49 Federal Street</p> <p>City Salem State MA Zip Code 01970</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John F. Tierney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18189446 Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress Mailing Address P.O. Box 14528 City San Antonio State TX Zip Code 78214 Purpose of Disbursement Contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18189447 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress Mailing Address PO Box 12667 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement Contribution Candidate Name Rep. Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18189462 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee Mailing Address P.O. Box 391 City Hopkinsville State KY Zip Code 42241 Purpose of Disbursement Contribution Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18189463 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 500.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 18189472 Date of Disbursement 04 / 20 / 2010
	Mailing Address P O Box 521048 Suite A	Amount of Each Disbursement this Period 3500.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement Contribution Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Costello For Congress Committee	Transaction ID: 18189486 Date of Disbursement 04 / 20 / 2010
	Mailing Address P. O. Box 8250	Amount of Each Disbursement this Period 2000.00
	City Belleville State IL Zip Code 62222	
	Purpose of Disbursement Contribution Candidate Name Rep. Jerry F. Costello Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Schakowsky For Congress	Transaction ID: 18189487 Date of Disbursement 04 / 20 / 2010
	Mailing Address P.O. Box 5130	Amount of Each Disbursement this Period 1500.00
	City Evanston State IL Zip Code 60204	
	Purpose of Disbursement Contribution Candidate Name Rep. Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Individuals Dedicated to Ethics & Science PAC (IDEAS PAC)	Mailing Address P.O. Box 40725	Transaction ID: 18201151 Date of Disbursement 04 / 29 / 2010
	City Denver State CO Zip Code 80204 Purpose of Disbursement 2010 Contribution Candidate Name Individuals Dedicated to Ethics & Science PAC (IDEAS 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:	Amount of Each Disbursement this Period 2500.00 2010 Contribution
B. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee	Mailing Address 607 14th Street NW Suite 800	Transaction ID: 18229804 Date of Disbursement 04 / 20 / 2010
	City Washington State DC Zip Code 20005 Purpose of Disbursement 2010 Contribution Candidate Name New Democrat Coalition Political Action Committee 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:	Amount of Each Disbursement this Period 5000.00 2010 Contribution
C. Full Name (Last, First, Middle Initial) Blue Dog PAC	Mailing Address 6849 Old Dominion Drive Suite 222	Transaction ID: 18229806 Date of Disbursement 04 / 29 / 2010
	City McLean State VA Zip Code 22101 Purpose of Disbursement 2010 Contribution Candidate Name Blue Dog 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:	Amount of Each Disbursement this Period 5000.00 2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) John Kerry for Senate</p> <p>Mailing Address 10 G Street NE Suite 710</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2014 Contribution</p> <p>Candidate Name Sen. John F. Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18229807</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2014 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18229808</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Robbie Wills For Congress</p> <p>Mailing Address PO Box 3742</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Robert Wills</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18229809</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4250.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Tim Wooldridge For Congress</p> <p>Mailing Address Pmb 6014 2503 W Kings Highway</p> <p>City Paragould State AR Zip Code 72450</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Tim Wooldridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18229810 Date of Disbursement: MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18273645 Date of Disbursement: MM / DD / YYYY 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee</p> <p>Mailing Address P.O. Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18273886 Date of Disbursement: MM / DD / YYYY 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	49250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18242328 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 44.46 Bank Fees
B.	Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Parkway Building Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18242329 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 137.95 Merchant Fees
C.	Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18242335 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 80.00 Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶

262.41

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18242337

Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

68.25

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)

68.25

TOTAL This Period (last page this line number only)

330.66