

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW Suite 700 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00106146 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 03 01 2013 through 03 31 2013

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date 04 18 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="2014670.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2154421.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="251102.90"/>	<input type="text" value="532517.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2405524.85"/>	<input type="text" value="2547187.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="140971.89"/>	<input type="text" value="282634.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2264552.96"/>	<input type="text" value="2264552.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

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).....	83496.21	131571.21
(ii) Unitemized	16413.67	32908.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	99909.88	164479.40
(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)	99909.88	164479.40
12. Transfers From Affiliated/Other Party Committees.....	150000.00	365500.00
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.....	1000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	193.02	537.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	251102.90	532517.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	251102.90	532517.11

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1396.89	1909.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1396.89	1909.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	139500.00	280650.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	75.00	75.00
(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)).....	75.00	75.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	140971.89	282634.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140971.89	282634.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	99909.88	164479.40
34. Total Contribution Refunds (from Line 28(d))	75.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	99834.88	164404.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1396.89	1909.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1396.89	1909.57

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

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

FOR LINE NUMBER: PAGE 6 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Dawn Straub

Mailing Address 5713 N 115th Circle

City State Zip Code
Omaha NE 68164-1466

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

Name of Employer Occupation
Nebraska Medical Center Director, Nursing Professional Practic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 20767724

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-5445

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

Name of Employer Occupation
St. John Medical Center Corporate Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 20769929

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Craig W Jones

Mailing Address 4000 Lincoln Boulevard

City State Zip Code
Oklahoma City OK 73105-5207

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

Name of Employer Occupation
Oklahoma Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
925.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 20769933

Amount of Each Receipt this Period
925.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2175.00

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 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3366 NW Expressway, Suite 800

City State Zip Code
Oklahoma City OK 73112-4458

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

Name of Employer Occupation
INTEGRIS Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013
Transaction ID : 20769935

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Jimmy Leopard FACHE

Mailing Address P O Box 407

City State Zip Code
Wagoner OK 74477-0407

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

Name of Employer Occupation
Wagoner Community Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013
Transaction ID : 20769936

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. David D Whitaker FACHE

Mailing Address P O Box 1308

City State Zip Code
Norman OK 73070-1308

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013
Transaction ID : 20769945

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 8 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Brian K Woodliff

Mailing Address P O Box 1008

City State Zip Code
Tahlequah OK 74465-1008

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 20769946

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Larry W Walker

Mailing Address 4848 Hastings Drive

City State Zip Code
Lake Oswego OR 97035-5745

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

Name of Employer Occupation
Walker Company, The President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 20769975

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Dr. Alan L Goldbloom M.D.

Mailing Address 2525 Chicago Avenue South

City State Zip Code
Minneapolis MN 55404-4518

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

Name of Employer Occupation
Children's Hospitals and Clinics of Mi President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : 20770025

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 9 OF 96
	<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. Mr. Bill Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 200 North Elm Street
P.O. Box A

City Onamia State MN Zip Code 56359-7901

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

Name of Employer Mille Lacs Health System Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 07 / 2013
Transaction ID : 20770029

Amount of Each Receipt this Period
250.00

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

Mailing Address 69 Day Street

City Granby State CT Zip Code 06035-2901

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
03 / 07 / 2013
Transaction ID : 20770068

Amount of Each Receipt this Period
350.00

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

Mailing Address 14 Prospect Street

City Milford State MA Zip Code 01757-3090

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

Name of Employer Milford Regional Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
03 / 01 / 2013
Transaction ID : 20770393

Amount of Each Receipt this Period
750.00

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: (check only one)	PAGE 10 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Fred L Hipp Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2013 Transaction ID : 20770406
Mailing Address 1011 Deacon Road		Amount of Each Receipt this Period 650.00
City Hainesport	State NJ	Zip Code 08036-3610
FEC ID number of contributing federal political committee.	C	
Name of Employer Virtua Voorhees	Occupation Vice President Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Mr. Alvin Hoover FACHE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2013 Transaction ID : 20770431
Mailing Address P O Box 948		Amount of Each Receipt this Period 500.00
City Brookhaven	State MS	Zip Code 39602-0948
FEC ID number of contributing federal political committee.	C	
Name of Employer King's Daughters 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Laurens Sartoris		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2013 Transaction ID : 20770433
Mailing Address P O Box 31394		Amount of Each Receipt this Period 350.00
City Richmond	State VA	Zip Code 23294-1394
FEC ID number of contributing federal political committee.	C	
Name of Employer Virginia Hospital & Healthcare Associa	Occupation President	
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).....▶	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 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Bobby Arnold

Mailing Address 620 Skyline Drive

City Jackson State TN Zip Code 38301-3923

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

Name of Employer Jackson-Madison County General Hospita Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013
Transaction ID : 20770438

Amount of Each Receipt this Period
800.00

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

Mailing Address 500 Interstate Boulevard South Suite 105

City Nashville State TN Zip Code 37210-4634

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013
Transaction ID : 20770439

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
c. Dr. Lanny R Copeland MD

Mailing Address 103 Powell Court, Suite 200

City Brentwood State TN Zip Code 37027-5079

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

Name of Employer LifePoint Hospitals, Inc. Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013
Transaction ID : 20770440

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1880.00**

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 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 1030

City State Zip Code
Paris TN 38242-1030

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

Name of Employer Occupation
Henry County Medical Center Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 20770442

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Ms. Patti James

Mailing Address 535 Marriott Drive

City State Zip Code
Nashville TN 37214-5092

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

Name of Employer Occupation
Tennessee Hospital Association Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 20770446

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Dr. Jonathan B Perlin MD, PhD

Mailing Address One Park Plaza

City State Zip Code
Nashville TN 37203-6527

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

Name of Employer Occupation
HCA President, Clinical and Physician Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 20770448

Amount of Each Receipt this Period
800.00

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: (check only one)	PAGE 13 OF 96
	<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. Ms. Darlene Swart
Full Name (Last, First, Middle Initial)
Mailing Address 500 Interstate Blvd. S
City Nashville State TN Zip Code 37210-4634
FEC ID number of contributing federal political committee. **C**
Name of Employer Tennessee Hospital Association Occupation Vice President and Clinical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 08 / 2013
Transaction ID : 20770449
Amount of Each Receipt this Period 400.00

B. Ms. Mary Layne Van Cleave
Full Name (Last, First, Middle Initial)
Mailing Address 1208 Brookview Drive
City Brentwood State TN Zip Code 37027-8424
FEC ID number of contributing federal political committee. **C**
Name of Employer Tennessee Hospital Association Occupation Executive VP & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 08 / 2013
Transaction ID : 20770450
Amount of Each Receipt this Period 800.00

C. Ms. Carmela Coyle
Full Name (Last, First, Middle Initial)
Mailing Address 6820 Deerpath Road
City Elkridge State MD Zip Code 21075-6200
FEC ID number of contributing federal political committee. **C**
Name of Employer Maryland Hospital Association Occupation President and CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 04 / 2013
Transaction ID : 20771509
Amount of Each Receipt this Period 510.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1710.00
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 OF 96
	<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. Mr. Thomas W Huebner
Full Name (Last, First, Middle Initial)

Mailing Address 160 Allen Street

City Rutland State VT Zip Code 05701-4560

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

Name of Employer Rutland Regional Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
03 / 12 / 2013
Transaction ID : 20771763

Amount of Each Receipt this Period
350.00

B. Mr. Mark P Herzog
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1450

City Manitowoc State WI Zip Code 54221-1450

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

Name of Employer Holy Family Memorial Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 11 / 2013
Transaction ID : 20773728

Amount of Each Receipt this Period
1000.00

C. Ms. Maureen Banks RN, MS, MB
Full Name (Last, First, Middle Initial)

Mailing Address Dove Avenue

City Salem State MA Zip Code 01970-2999

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

Name of Employer Spaulding Rehabilitation Hospital Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
03 / 08 / 2013
Transaction ID : 20773729

Amount of Each Receipt this Period
562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1912.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Mr. Michael E. Sroczynski Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 681 East 5th Street #2
 City Boston State MA Zip Code 02127-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Hospital Association Occupation Vice President, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 20773733
 Amount of Each Receipt this Period
 375.00

B. Mr. Kim Norton Hollon
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 Centre Street
 City Brockton State MA Zip Code 02302-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Signature Healthcare Brockton Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 20773737
 Amount of Each Receipt this Period
 375.00

C. Ms. Karen O Moore MS, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Main Street Apt. A
 City Shelburne Falls State MA Zip Code 01370-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMass Memorial-Marlborough Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 20773738
 Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional).....▶	1312.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 96
	<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. Ms. Lynn B Nicholas
Full Name (Last, First, Middle Initial)
Mailing Address 5 New England Executive Park

City Burlington	State MA	Zip Code 01803-5010
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2013

Transaction ID : 20773739

Amount of Each Receipt this Period
1300.00

B. Ms. Ellen Zane
Full Name (Last, First, Middle Initial)
Mailing Address 800 Washington Street

City Boston	State MA	Zip Code 02111-1552
----------------	-------------	------------------------

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

Name of Employer Tufts Medical Center	Occupation Vice Chair, Board of Trustees
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2013

Transaction ID : 20773740

Amount of Each Receipt this Period
750.00

C. Mr. Kevin F Smith
Full Name (Last, First, Middle Initial)
Mailing Address 41 Highland Avenue

City Winchester	State MA	Zip Code 01890-1446
--------------------	-------------	------------------------

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

Name of Employer Winchester Hospital	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2013

Transaction ID : 20773741

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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 17 OF 96
	<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. Ms. Mary Longe
Full Name (Last, First, Middle Initial)
Mailing Address One North Franklin
City Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
03 / 18 / 2013
Transaction ID : 20786727
Amount of Each Receipt this Period
250.00

B. Mr. Thomas L Bell
Full Name (Last, First, Middle Initial)
Mailing Address 215 Southeast 8th Avenue
City Topeka State KS Zip Code 66603-3906
FEC ID number of contributing federal political committee. **C**
Name of Employer Kansas Hospital Association Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **932.69**

Date of Receipt
03 / 15 / 2013
Transaction ID : 20786766
Amount of Each Receipt this Period
932.69

C. Mr. Fred J. Lucky
Full Name (Last, First, Middle Initial)
Mailing Address 14607 W 89
City Lenexa State KS Zip Code 66215-2967
FEC ID number of contributing federal political committee. **C**
Name of Employer Kansas Hospital Association Occupation Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.76**

Date of Receipt
03 / 15 / 2013
Transaction ID : 20786769
Amount of Each Receipt this Period
230.76

SUBTOTAL of Receipts This Page (optional)..... **1413.45**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 18 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Steven B. Poage

Mailing Address 3401 SW Alameda

City State Zip Code
Topeka KS 66614-5109

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

Name of Employer Occupation
Kansas Hospital Association Vice President/CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 20786774

Amount of Each Receipt this Period
250.00

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

Mailing Address One Park Plaza
Building 1, 1-E

City State Zip Code
Nashville TN 37203-6527

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

Name of Employer Occupation
HCA Vice President, Behavioral Health Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2013
Transaction ID : 20788668

Amount of Each Receipt this Period
350.00

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

Mailing Address 1000 West 8th Avenue

City State Zip Code
Yuma CO 80759-2641

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

Name of Employer Occupation
Yuma District Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 20792241

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 96
	<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

Full Name (Last, First, Middle Initial)
A. Mr. Steven J Summer

Mailing Address 7335 East Orchard Rd, Ste 100

City	State	Zip Code
Greenwood Village	CO	80111-2512

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

Name of Employer	Occupation
Colorado Hospital Association	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
03	/	18	/	2013

Transaction ID : 20792242

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
B. Mr. Jerry E Jurena

Mailing Address 1622 East Interstate Avenue, Suite

City	State	Zip Code
Bismarck	ND	58503-0512

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

Name of Employer	Occupation
North Dakota Hospital Association	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	21	/	2013

Transaction ID : 20792247

Amount of Each Receipt this Period

500.00

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

Mailing Address 125 Airport Road

City	State	Zip Code
Concord	NH	03301-7300

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

Name of Employer	Occupation
New Hampshire Hospital Association	President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2013

Transaction ID : 20792264

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional).....▶	1045.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Mr. Clark Ballard		Date of Receipt MM / DD / YYYY 03 / 21 / 2013 Transaction ID : 20792302
Mailing Address 1601 Willoughby Road		Amount of Each Receipt this Period 420.00
City Mason	State MI	Zip Code 48854-9435
FEC ID number of contributing federal political committee. C	Name of Employer Michigan Health & Hospital Association	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Mr. James Bogan MBA, FACHE		Date of Receipt MM / DD / YYYY 03 / 21 / 2013 Transaction ID : 20792303
Mailing Address 500 Campus Drive		Amount of Each Receipt this Period 350.00
City Hancock	State MI	Zip Code 49930-1569
FEC ID number of contributing federal political committee. C	Name of Employer Portage Health	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Ms. Georgia R Fojtasek		Date of Receipt MM / DD / YYYY 03 / 21 / 2013 Transaction ID : 20792304
Mailing Address 205 North East Avenue		Amount of Each Receipt this Period 350.00
City Jackson	State MI	Zip Code 49201-1753
FEC ID number of contributing federal political committee. C	Name of Employer Allegiance Health	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 21 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Mr. Sean Gehle		Date of Receipt 03 / 21 / 2013 Transaction ID : 20792305
Mailing Address 1828 Boston Blvd		Amount of Each Receipt this Period 262.50
City Lansing	State MI	Zip Code 48910-1173
FEC ID number of contributing federal political committee. C	Name of Employer Providence Hospital	Occupation Vice President Government Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) B. Mr. Greg Lane		Date of Receipt 03 / 21 / 2013 Transaction ID : 20792306
Mailing Address 1596 South Hill Circle		Amount of Each Receipt this Period 350.00
City Bloomfield	State MI	Zip Code 48304-1121
FEC ID number of contributing federal political committee. C	Name of Employer McLaren Lapeer Region	Occupation Senior Vice President and Chief Admini
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. Gene Michalski		Date of Receipt 03 / 21 / 2013 Transaction ID : 20792307
Mailing Address 3711 West 13 Mile Road		Amount of Each Receipt this Period 350.00
City Royal Oak	State MI	Zip Code 48073-6767
FEC ID number of contributing federal political committee. C	Name of Employer Beaumont Hospital - Royal Oak	Occupation Executive Vice President and Chief Ope
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).....▶	962.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Ms. Mary-Anne D Ponti RN, MS, MB		Date of Receipt
Mailing Address 3070 Morford Road		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Petoskey State MI Zip Code 49770-9234		Transaction ID : 20792308
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer McLaren Northern Michigan Occupation COO & Chief Nursing Executive		<input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. John M. Hauptert FACHE		Date of Receipt
Mailing Address 1065 Peachtree Street NE Unit #310		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Atlanta State GA Zip Code 30309-3923		Transaction ID : 20792332
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Grady Health System Occupation President & CEO		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Lex S Anderson		Date of Receipt
Mailing Address 1923 South Utica Avenue		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Tulsa State OK Zip Code 74104-6502		Transaction ID : 20792352
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer St. John Medical Center Occupation Chief Financial Officer		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 23 OF 96
	<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. Mr. Sittichoti Bunnag
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 NW Seventh Street
 City Oklahoma City State OK Zip Code 73102-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valir Rehabilitation Hospital Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792353
 Amount of Each Receipt this Period
 250.00

B. Ms. Shelly Dunham RN
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 489
 City Okeene State OK Zip Code 73763-0489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Okeene Municipal Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792354
 Amount of Each Receipt this Period
 500.00

C. Mr. Jon Jiles
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 NW Seventh Street
 City Oklahoma City State OK Zip Code 73102-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valir Rehabilitation Hospital Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792357
 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 24 OF 96
	<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. Mr Jay Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1202 North Muskogee Place

City Claremore State OK Zip Code 74017-3058

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

Name of Employer Hillcrest Hospital Claremore Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792358

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3500 East Frank Phillips Boulevard

City Bartlesville State OK Zip Code 74006-2411

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

Name of Employer Jane Phillips Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792382

Amount of Each Receipt this Period
 250.00

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

Mailing Address 700 NW Seventh Street

City Oklahoma City State OK Zip Code 73102-1212

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

Name of Employer Valir Rehabilitation Hospital Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792384

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 25 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Kate Walsh

Mailing Address One Boston Medical Ctr Place

City State Zip Code
Boston MA 02118-2908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792414

Amount of Each Receipt this Period
1300.00

Full Name (Last, First, Middle Initial)
B. Dr. Paul Summergrad

Mailing Address 800 Washington Street

City State Zip Code
Boston MA 02111-1552

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

Name of Employer Occupation
Tufts Medical Center Chairman Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792416

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Mark R Tolosky JD, FACHE

Mailing Address 759 Chestnut Street

City State Zip Code
Springfield MA 01199-1001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20792417

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2312.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Ms. Helene Thibodeau			Date of Receipt
Mailing Address 216 Nesmith Street			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20792421
Lowell	MA	01852-2851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="262.50"/>
Name of Employer	Occupation		
Lowell General Hospital	Vice President Outpatient Svcs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="262.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Joseph White III			Date of Receipt
Mailing Address 10 Lakeside Terrace			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20792422
Westford	MA	01886-1392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="375.00"/>
Name of Employer	Occupation		
Lowell General Hospital	Executive Vice President & Chief Opera		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. William Wyman			Date of Receipt
Mailing Address 100 Potash Hill Rd			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20792423
Tyngsboro	MA	01879-2710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="262.50"/>
Name of Employer	Occupation		
Lowell General Hospital	Director of Revenue Cycle		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="262.50"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Mr. Scott V. Hartman		Date of Receipt
Mailing Address 32 Oneida Road		M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2013
City State Zip Code Acton MA 01720-2323		Transaction ID : 20792427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 262.50
Name of Employer Lahey Hospital & Medical Center, Burli	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) B. Dr. Howard R Grant JD, MD		Date of Receipt
Mailing Address 41 Mall Road		M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2013
City State Zip Code Burlington MA 01805-0001		Transaction ID : 20792429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Lahey Hospital & Medical Center, Burli	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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Mr. John Fernandez		Date of Receipt
Mailing Address 5 Otis Street		M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2013
City State Zip Code Needham MA 02492-3403		Transaction ID : 20792430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Winchester Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	1762.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 96
	<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. Ms. Laura J Redoutey
 Full Name (Last, First, Middle Initial)
 Mailing Address 56640 716th Rd
 City Fairbury State NE Zip Code 68352-4044
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792454
 Amount of Each Receipt this Period
 500.00

B. Mr. Daniel K Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200 Fairview Boulevard
 City Wyoming State MN Zip Code 55092-8013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairview Lakes Health Services Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792460
 Amount of Each Receipt this Period
 250.00

C. Mr. Michael A Baumgartner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 St. Francis Avenue
 City Shakopee State MN Zip Code 55379-3374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Regional Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792462
 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 29 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Mr. Peter Jacobson		Date of Receipt
Mailing Address P O Box 728		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City State Zip Code Fergus Falls MN 56538-0728		Transaction ID : 20792475
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Essentia Health St. Mary's Hospital -	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Benjamin Koppelman		Date of Receipt
Mailing Address 600 Pleasant Avenue		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City State Zip Code Park Rapids MN 56470-1431		Transaction ID : 20792488
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph's Area Health 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	

Full Name (Last, First, Middle Initial) C. Ms. Mary B Maertens FACHE		Date of Receipt
Mailing Address 300 South Bruce Street		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City State Zip Code Marshall MN 56258-3901		Transaction ID : 20792489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Avera Marshall 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	

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 30 OF 96
	<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. Mr. Daniel B McGinty
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Long Lake Road
 Suite 150
 City New Brighton State MN Zip Code 55112-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Essentia Health St. Mary's Medical Cen
 Occupation: Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792490
 Amount of Each Receipt this Period
 250.00

B. Mr. Charles Mooty
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Riverside Avenue
 City Minneapolis State MN Zip Code 55454-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fairview Health Services
 Occupation: Interim Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792491
 Amount of Each Receipt this Period
 500.00

C. Mr. Keith Okeson
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Delmore Avenue
 City Roseau State MN Zip Code 56751-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: LifeCare Medical Center
 Occupation: President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792492
 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 31 OF 96
	<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. Dr. Terence Pladson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Sixth Avenue North
 City Saint Cloud State MN Zip Code 56303-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CentraCare Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792498
 Amount of Each Receipt this Period
 500.00

B. Mr. Stephen J Pribyl FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 State Avenue
 City Faribault State MN Zip Code 55021-6339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District One Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792499
 Amount of Each Receipt this Period
 250.00

C. Mr. Tim Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 49725 County 83
 City Staples State MN Zip Code 56479-5280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakewood Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792501
 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 32 OF 96
	<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. Ms. Aline M. Holmes
Full Name (Last, First, Middle Initial)

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 ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20796479

Amount of Each Receipt this Period
 1300.00

B. Ms. Patricia Ostaszewski MS, CRRN,
Full Name (Last, First, Middle Initial)

Mailing Address 54 Bay Way

City Brick State NJ Zip Code 08723-7361

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

Name of Employer HEALTHSOUTH Rehabilitation Hospital of Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20796492

Amount of Each Receipt this Period
 325.00

c. Mr. David Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 12451 East 100th Street North

City Owasso State OK Zip Code 74055-4600

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

Name of Employer St. John Owasso Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20798150

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
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 OF 96
	<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. Ms. Rita M. Turley MS, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Morningside Lane North
 City Billings State MT Zip Code 59105-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Turley Consulting Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20798923
 Amount of Each Receipt this Period
 350.00

B. Ms. Judith R Miller RN, FAAN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 D Alton Place
 City Brookline State MA Zip Code 02446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Galloway Consulting Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20798924
 Amount of Each Receipt this Period
 350.00

c. Ms. Carol Bradley MSN, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 NW Lovejoy Street
 City Portland State OR Zip Code 97209-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Health Occupation Senior Vice President and Chief Nursin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20798934
 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 34 OF 96
	<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. Ms. Melissa Low RN, MSN
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 Lorenz Rd
 City San Antonio State TX Zip Code 78209-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Santa Rosa Hospital Medical C Occupation Administrative 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 Y
 03 / 21 / 2013
Transaction ID : 20798951
 Amount of Each Receipt this Period
350.00

B. Ms. Kathleen D. Sanford RN, DBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2659 Syracuse Court
 City Denver State CO Zip Code 80238-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catholic Health Initiatives Occupation Chief Nursing Officer & Senior Vice Pr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20799458
 Amount of Each Receipt this Period
1000.00

C. Ms. Lois Garner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400-6 Lake Pointe Way
 City Centerville State OH Zip Code 45459-5850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kettering Medical Center Occupation Nurse Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20799543
 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: PAGE 35 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Lee T Myles

Mailing Address P O Box 291

City Lewiston State ME Zip Code 04243-0291

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20800007

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms. Claire Murray

Mailing Address 1501 Twelfth Ave.

City Watervliet State NY Zip Code 12189-2402

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

Name of Employer New York Organization Nurse Executives 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 Y
03 / 27 / 2013

Transaction ID : 20800039

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Ms. Katherine Keene

Mailing Address 3861 St. Andrew's Loop

City Salem State OR Zip Code 97302-9498

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

Name of Employer Salem Health Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : 20800040

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Mr. Drew Sones		Date of Receipt MM / DD / YYYY 03 / 27 / 2013 Transaction ID : 20800041
Mailing Address 14945 Janine Dr.		Amount of Each Receipt this Period 350.00
City Whittier	State CA	Zip Code 90605-1708
FEC ID number of contributing federal political committee. C	Name of Employer Presbyterian Intercommunity Hospital	Occupation Board Member
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Patty White RN, MS		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : 20800042
Mailing Address 475 South Dobson Road		Amount of Each Receipt this Period 500.00
City Chandler	State AZ	Zip Code 85224-5605
FEC ID number of contributing federal political committee. C	Name of Employer St. Joseph's Hospital and Medical Cent	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mrs. Kristin Feliciano		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : 20800043
Mailing Address 9626 Kensington PKWY		Amount of Each Receipt this Period 1000.00
City Kensington	State MD	Zip Code 20895-3517
FEC ID number of contributing federal political committee. C	Name of Employer Inova Fairfax Hospital	Occupation VP & Administrator of Adult Specialty
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).....▶	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: (check only one)	PAGE 37 OF 96
	<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. Ms. Elaine Couture BSN, MBA,
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 2555

City Spokane	State WA	Zip Code 99220-2555
-----------------	-------------	------------------------

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

Name of Employer Providence Sacred Heart Medical Center	Occupation Chief Executive
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2013

Transaction ID : 20800044

Amount of Each Receipt this Period
1000.00

B. Mr. Spencer L. Grover
Full Name (Last, First, Middle Initial)
Mailing Address 3636 Emily Way

City Carmel	State IN	Zip Code 46033-4442
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20800047

Amount of Each Receipt this Period
500.00

C. Mr. Douglas J Leonard
Full Name (Last, First, Middle Initial)
Mailing Address 4319 Benthaven Dr. East

City Bargersville	State IN	Zip Code 46106
----------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : 20800048

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 38 OF 96
	<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

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

Mailing Address 146 Capital Drive
Apt. C

City Avon State IN Zip Code 46123-4538

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

Name of Employer Hendricks Regional Health Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20800049

Amount of Each Receipt this Period
500.00

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

Mailing Address 10762 Forest Lake Court

City Indianapolis State IN Zip Code 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
03 / 27 / 2013
Transaction ID : 20800050

Amount of Each Receipt this Period
500.00

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

Mailing Address 4655 Running Brook Terrace

City Greenwood State IN Zip Code 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 ▼
500.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20800051

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 OF 96
	<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. Mr. Bryan J Bucklew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Riverplace, Suite 400
 City Dayton State OH Zip Code 45405-4936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Dayton Area Hospital Associati Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 28 / 2013**
Transaction ID : 20800053
 Amount of Each Receipt this Period **250.00**

B. Dr. Cheryl L. Hoying Ph.D., RN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Ashland Avenue
 City Dayton State OH Zip Code 45420-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati Children's Hospital Medical Occupation Senior Vice President, Patient Care Se
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 28 / 2013**
Transaction ID : 20800054
 Amount of Each Receipt this Period **500.00**

C. Mr. Scott C Malaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 South Main Street
 City Findlay State OH Zip Code 45840-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blanchard Valley Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 28 / 2013**
Transaction ID : 20800055
 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: (check only one)	PAGE 40 OF 96
	<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. Mr. Dale E Thornton MPH, CHE
Full Name (Last, First, Middle Initial)
Mailing Address 45 St Lawrence Drive

City	State	Zip Code
Tiffin	OH	44883-8310

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

Name of Employer	Occupation
Mercy Tiffin Hospital	President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	28	/	2013

Transaction ID : 20800056

Amount of Each Receipt this Period
2500.00

B. Dr. Reezie DeVet RN, PhD
Full Name (Last, First, Middle Initial)
Mailing Address 281 Rolling Hills Lane

City	State	Zip Code
Petoskey	MI	49770-9602

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

Name of Employer	Occupation
McLaren Northern Michigan	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
03	/	29	/	2013

Transaction ID : 20800061

Amount of Each Receipt this Period
350.00

C. Mr. David B. Jahn
Full Name (Last, First, Middle Initial)
Mailing Address 3341 Lakeshore Drive

City	State	Zip Code
Sault Sainte Marie	MI	49783-1111

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

Name of Employer	Occupation
War Memorial Hospital	Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	29	/	2013

Transaction ID : 20800062

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....	3200.00
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 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 15855 19 Mile Road

City State Zip Code
Clinton Township MI 48038-3504

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

Name of Employer Occupation
Henry Ford Macomb Hospitals President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 20800067

Amount of Each Receipt this Period
525.00

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

Mailing Address 16255 Bay Vista Dr

City State Zip Code
Clearwater FL 33760-3127

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

Name of Employer Occupation
BayCare Health System President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800107

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1500 Sw 1St Ave

City State Zip Code
Ocala FL 34471-6504

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800108

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4025.00

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 42 OF 96
	<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. Mr. William A. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 944 Gentian Court

City Tallahassee State FL Zip Code 32312-1228

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

Name of Employer Florida Hospital Association Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800109

Amount of Each Receipt this Period
 1000.00

B. Mr. Ralph Glatfelter
Full Name (Last, First, Middle Initial)

Mailing Address 7285 Heartland Circle

City Tallahassee State FL Zip Code 32312-7501

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

Name of Employer Florida Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800110

Amount of Each Receipt this Period
 225.00

C. Ms. Kim Streit
Full Name (Last, First, Middle Initial)

Mailing Address 1317 Eastin Avenue

City Orlando State FL Zip Code 32804-6309

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

Name of Employer Florida Hospital Association - Orlando Occupation VP, Health Research & Information

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800111

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1975.00

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 43 OF 96
	<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. Ms. Kathy A. Reep
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 W. New Hampshire
 City Orlando State FL Zip Code 32804-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association - Orlando Occupation Vice President, Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800112
 Amount of Each Receipt this Period
 750.00

B. Mr. Rich Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 El Destinado Drive
 City Tallahassee State FL Zip Code 32301-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation VP for Strategic Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800113
 Amount of Each Receipt this Period
 1001.00

C. Mr. Paul Belcher
 Full Name (Last, First, Middle Initial)
 Mailing Address Route 15 Box 241
 City Tallahassee State FL Zip Code 32311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Association Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800114
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2951.00
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 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Martha DeCastro RN, MS, CI

Mailing Address 1036 Alameda Drive

City State Zip Code
Tallahassee FL 32317-9577

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

Name of Employer Occupation
Florida Hospital Association Vice President for Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800115

Amount of Each Receipt this Period
750.00

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

Mailing Address 307 Park Lake Circle

City State Zip Code
Orlando FL 32803-3923

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

Name of Employer Occupation
Florida Hospital Association Director, Emergency Mgmt. Svcs.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800116

Amount of Each Receipt this Period
1200.00

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

Mailing Address 306 East College Avenue

City State Zip Code
Tallahassee FL 32301-1522

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

Name of Employer Occupation
Florida Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800117

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3450.00

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 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 307 Park Lake Circle

City State Zip Code
Orlando FL 32803-3923

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

Name of Employer Occupation
Florida Hospital Association VP, Health Info Mgmt Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800122

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Christine Johnson

Mailing Address 306 East College Avenue

City State Zip Code
Tallahassee FL 32301-1522

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

Name of Employer Occupation
Florida Hospital Association Director of Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800131

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Ms. Linda S Quick

Mailing Address 6030 Hollywood Boulevard, Suite 14

City State Zip Code
Hollywood FL 33024-7923

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

Name of Employer Occupation
South Florida Hospital and Healthcare President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : 20800135

Amount of Each Receipt this Period
295.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1095.00

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 46 OF 96
	<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. Mr. John A Matessino
Full Name (Last, First, Middle Initial)

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809-8409

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20800138

Amount of Each Receipt this Period
 1250.00

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

Mailing Address P O Box 95009

City Baton Rouge State LA Zip Code 70895-9009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20800139

Amount of Each Receipt this Period
 2500.00

C. Mr. Sean M. Prados FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809-8409

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

Name of Employer Louisiana Hospital Association Occupation Executive 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 Y
 03 / 27 / 2013
Transaction ID : 20800140

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 96
	<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. Mr. Larry M Graham FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Oak Park Boulevard

City Lake Charles State LA Zip Code 70601-8911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20800141

Amount of Each Receipt this Period
500.00

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

Mailing Address 2450 Severn Avenue, Suite 210

City Metairie State LA Zip Code 70001-6942

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

Name of Employer Metropolitan Hospital Council of New O Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20800142

Amount of Each Receipt this Period
750.00

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

Mailing Address 3330 Masonic Drive

City Alexandria State LA Zip Code 71301-3841

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

Name of Employer CHRISTUS St. Patrick Hospital of Lake Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
03 / 27 / 2013
Transaction ID : 20800378

Amount of Each Receipt this Period
750.00

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 48 OF 96
<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. Mr. Steve Worley
Full Name (Last, First, Middle Initial)
Mailing Address 200 Henry Clay Avenue
City New Orleans State LA Zip Code 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 ▼ 750.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20800379
Amount of Each Receipt this Period 750.00

B. Mr. John William Davis MBA
Full Name (Last, First, Middle Initial)
Mailing Address 1001 Gause Boulevard
City Slidell State LA Zip Code 70458-2939
FEC ID number of contributing federal political committee. **C**
Name of Employer Slidell Memorial Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20800380
Amount of Each Receipt this Period 250.00

C. Ms. Nancy R Hellyer RN, FACHE
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 589
City Coushatta State LA Zip Code 71019-0589
FEC ID number of contributing federal political committee. **C**
Name of Employer CHRISTUS Coushatta Health Care Center Occupation Chief Administration Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2013
Transaction ID : 20800381
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 49 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 398

City Farmerville State LA Zip Code 71241-0398

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

Name of Employer Union General Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20800382

Amount of Each Receipt this Period
250.00

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

Mailing Address 5000 Hennessy Boulevard

City Baton Rouge State LA Zip Code 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 M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20801199

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Mr. Donald Lloyd

Mailing Address P O Box 3401

City Lake Charles State LA Zip Code 70602-3401

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

Name of Employer CHRISTUS St. Patrick Hospital of Lake Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20801200

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 50 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr Parker Templeton

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2429

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

Name of Employer Occupation
Franklin Foundation Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20801201

Amount of Each Receipt this Period
250.00

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

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20801202

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. William F Barrow II

Mailing Address 611 Saint Landry St

City State Zip Code
Lafayette LA 70506-4627

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

Name of Employer Occupation
Our Lady of Lourdes Regional Medical C President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : 20801203

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 51 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Ms. Bernita Loyd- Brown , LD, LDN		Date of Receipt
Mailing Address 1701 Oak Park Blvd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City State Zip Code Lake Charles LA 70601-8911		Transaction ID : 20801206
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Lake Charles Memorial Hospital	Occupation Vice President, Support Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Marilyn McSwain RNC, MSN		Date of Receipt
Mailing Address 1900 West Gauthier Road		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City State Zip Code Lake Charles LA 70605-7170		Transaction ID : 20801207
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Lake Charles Memorial Hospital for Wom	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Kevin Mocklin MD		Date of Receipt
Mailing Address 1701 Oak Park Boulevard		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City State Zip Code Lake Charles LA 70601-8911		Transaction ID : 20801208
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Lake Charles Memorial Hospital	Occupation Director Medical Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="675.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 52 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Ms. Michele L Gougeon		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : 20801226
Mailing Address 115 Mill Street		Amount of Each Receipt this Period 375.00
City Belmont	State MA	Zip Code 02478-1064
FEC ID number of contributing federal political committee. C		
Name of Employer McLean Hospital	Occupation Executive Vice President and Chief Ope	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Ms. Trish Hannon FACHE		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : 20801228
Mailing Address 125 Parker Hill Avenue		Amount of Each Receipt this Period 750.00
City Roxbury Crossing	State MA	Zip Code 02120-2847
FEC ID number of contributing federal political committee. C		
Name of Employer New England Baptist 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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter J Holden		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : 20801229
Mailing Address 275 Sandwich Street		Amount of Each Receipt this Period 1125.00
City Plymouth	State MA	Zip Code 02360-2183
FEC ID number of contributing federal political committee. C		
Name of Employer Jordan 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 ▼ 1125.00	

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 53 OF 96
	<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. Mr. Michael K Lauf MBA
Full Name (Last, First, Middle Initial)

Mailing Address 88 Lewis Bay Road

City Hyannis State MA Zip Code 02601-5210

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

Name of Employer Cape Cod Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 20801232

Amount of Each Receipt this Period
750.00

B. Mr. Robert G Norton CHE
Full Name (Last, First, Middle Initial)

Mailing Address 81 Highland Avenue

City Salem State MA Zip Code 01970-2768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 20801234

Amount of Each Receipt this Period
375.00

C. Mr. Joel Rudin
Full Name (Last, First, Middle Initial)

Mailing Address 3 Webster Street

City Winchester State MA Zip Code 01890-2117

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

Name of Employer New England Rehabilitation Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 20801235

Amount of Each Receipt this Period
375.00

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 54 OF 96
	<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

Full Name (Last, First, Middle Initial) A. Mr. David Spackman		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : 20801236
Mailing Address 110 Wheeler Pond Rd		Amount of Each Receipt this Period 262.50
City Orange	State MA	Zip Code 01364-9401
FEC ID number of contributing federal political committee. C	Name of Employer Lahey Clinic Medical Center	Occupation Senior Vice President Govt. Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	

Full Name (Last, First, Middle Initial) B. Mr. Dirk O'Hara		Date of Receipt MM / DD / YYYY 03 / 22 / 2013 Transaction ID : 20803345
Mailing Address 1126 Rambling Oaks Dr		Amount of Each Receipt this Period 250.00
City Norman	State OK	Zip Code 73072-4134
FEC ID number of contributing federal political committee. C	Name of Employer Valir Rehabilitation Hospital	Occupation Board Member
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Melinda Reid Hatton		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 Transaction ID : PR1045726227794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 76.94
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 & General Course
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	
		P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	589.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David Schulke
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation VP Research Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt
 03 / 31 / 2013
Transaction ID : PR1057462127794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Dale A Kirby MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 331
 City Colusa State CA Zip Code 95932-0331
 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 ▼ 230.82

Date of Receipt
 03 / 31 / 2013
Transaction ID : PR1125892327794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Stephanie H. Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Executive Director - ASHHRA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt
 03 / 31 / 2013
Transaction ID : PR1492459927794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 31 / 2013**

Transaction ID : PR1819487927794

Amount of Each Receipt this Period **76.94**

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

Full Name (Last, First, Middle Initial)
B. 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 ▼ **230.82**

Date of Receipt **03 / 31 / 2013**

Transaction ID : PR327629127794

Amount of Each Receipt this Period **76.94**

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

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

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 31 / 2013**

Transaction ID : PR327771627794

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 96
	<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. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City State Zip Code
 Oak Park IL 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Vice President, Member Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR32777827794
 Amount of Each Receipt this Period
 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Pamela Austin Thompson RN, MSN
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City State Zip Code
 Washington DC 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR327812027794
 Amount of Each Receipt this Period
 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City State Zip Code
 Washington DC 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Vice President, Political Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : PR327858027794
 Amount of Each Receipt this Period
 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Mr. John F. Barry		Date of Receipt 03 / 31 / 2013 Transaction ID : PR327877827794
Mailing Address One North Franklin		Amount of Each Receipt this Period 76.94
City Millis	State MA	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 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 ▼ 230.82	

Full Name (Last, First, Middle Initial) B. Mr. George F. Bergstrom		Date of Receipt 03 / 31 / 2013 Transaction ID : PR327895727794
Mailing Address 130 North Garland Court #3002		Amount of Each Receipt this Period 76.94
City Chicago	State IL	Zip Code 60602-4750
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 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 ▼ 230.82	

Full Name (Last, First, Middle Initial) C. Mr. Richard J. Umbdenstock		Date of Receipt 03 / 31 / 2013 Transaction ID : PR328132827794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 76.94
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 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 ▼ 230.82	

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 204 7th Ave

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer Occupation
American Hospital Association-Chicago Sr. Vice President, Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt
03 / 31 / 2013
Transaction ID : PR328136927794

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
B. 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 Occupation
American Hospital Association-Chicago Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt
03 / 31 / 2013
Transaction ID : PR328223827794

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt
03 / 31 / 2013
Transaction ID : PR328241427794

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)..... **230.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2013
Transaction ID : PR328260927794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 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 ▼ 230.82

Date of Receipt 03 / 31 / 2013
Transaction ID : PR328511827794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City Arlington State VA Zip Code 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2013
Transaction ID : PR328512027794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 96
	<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. Mr. Anthony J. Burke
Full Name (Last, First, Middle Initial)

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 ▼ **230.82**

Date of Receipt **03 / 31 / 2013**

Transaction ID : PR328913327794

Amount of Each Receipt this Period **76.94**

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

B. Dr. John R. Combes
Full Name (Last, First, Middle Initial)

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 ▼ **230.82**

Date of Receipt **03 / 31 / 2013**

Transaction ID : PR329071327794

Amount of Each Receipt this Period **76.94**

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

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

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 31 / 2013**

Transaction ID : PR329215727794

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Mr. Thomas Misfeldt		Date of Receipt 03 / 31 / 2013 Transaction ID : PR330411627794
Mailing Address One North Franklin		Amount of Each Receipt this Period 76.94
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Associate Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	

Full Name (Last, First, Middle Initial) B. Mr. Paul N. Muraca		Date of Receipt 03 / 31 / 2013 Transaction ID : PR330475427794
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 76.94
City Apple Valley	State MN	Zip Code 55124-9229
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 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 ▼ 230.82	

Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe		Date of Receipt 03 / 31 / 2013 Transaction ID : PR330549227794
Mailing Address 172 Atteridge		Amount of Each Receipt this Period 76.94
City Lake Forest	State IL	Zip Code 60045-1715
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 West Glendale Ave.
 City Alexandria State VA Zip Code 22301-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2013
Transaction ID : PR331304227794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Elizabeth Summy
 Full Name (Last, First, Middle Initial)
 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 ▼ 230.82

Date of Receipt 03 / 31 / 2013
Transaction ID : PR346168127794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 31 / 2013
Transaction ID : PR518031927794
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 96
(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. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR766023727794

Amount of Each Receipt this Period
76.94

P/R Deduction (\$38.47)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	76.94
TOTAL This Period (last page this line number only).....▶	83496.21

**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 OF 96
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. New York Hospital & Healthcare Assoc. FED PAC		Date of Receipt
Mailing Address One Empire Drive		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Rensselaer State NY Zip Code 12144		Transaction ID : 20769971
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00160259"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="20000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="120000.00"/>	

Full Name (Last, First, Middle Initial) B. California Healthcare Association PAC - Federal		Date of Receipt
Mailing Address 1215 K Street Suite 800		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Sacramento State CA Zip Code 95814		Transaction ID : 20770392
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00237495"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="40000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="40000.00"/>	

Full Name (Last, First, Middle Initial) C. Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)		Date of Receipt
Mailing Address Post Office Box 8600		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Harrisburg State PA Zip Code 17105-8600		Transaction ID : 20791951
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00128082"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="20000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="72500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 96
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City Sacramento State CA Zip Code 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 ▼
110000.00

Date of Receipt
03 / 19 / 2013
Transaction ID : 20791954

Amount of Each Receipt this Period
70000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	70000.00
TOTAL This Period (last page this line number only).....▶	150000.00

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

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

FOR LINE NUMBER: PAGE 67 OF 96
(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. TD Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Seventh Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 537.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 20828513
 Amount of Each Receipt this Period
 193.02
 Interest Earned

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	193.02
TOTAL This Period (last page this line number only).....▶	193.02

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

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

FOR LINE NUMBER: PAGE 68 OF 96
(check only one)

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

A. Swalwell For Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2847

City Dublin	State CA	Zip Code 94568
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00502294

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼
 2012 General Debt Re

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2013
Transaction ID : 20801353

Amount of Each Receipt this Period
1000.00

Refund of 12/12 Check

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20828510

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20828511

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. U.S. Treasury

Mailing Address P.O. Box 2188

City Parkersburg State WV Zip Code 26106-2188

Purpose of Disbursement
Federal Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20828512

Amount of Each Disbursement this Period

Federal Taxes

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013

Transaction ID : 20773459

Amount of Each Disbursement this Period

15000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013

Transaction ID : 20773460

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013

Transaction ID : 20773461

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

18500.00

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

Full Name (Last, First, Middle Initial)

A. Doggett For US Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President
State: TX District: 35

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773464

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 234

City Saratoga Springs State NY Zip Code 12866

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris Gibson

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773467

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Trey Gowdy For Congress

Mailing Address PO Box 3324

City Spartanburg State SC Zip Code 29304

Purpose of Disbursement
Contribution

Candidate Name

Rep. Trey Gowdy

Office Sought: House
 Senate
 President
State: SC District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773468

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jack Kingston

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773470

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Elect Linda Sanchez

Mailing Address 601 S Glenoaks Blvd Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President
State: CA District: 39

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773471

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin Yoder

Office Sought: House
 Senate
 President
State: KS District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773474

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

Full Name (Last, First, Middle Initial)

A. Mark Pryor For U.S. Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Mark L. Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773477

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kansans For Huelskamp

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Tim Huelskamp

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773492

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. Christopher Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : 20773495

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement
Contribution

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2013

Transaction ID : 20773512

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

Candidate Name

Rep. William Franklin Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2013

Transaction ID : 20773513

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Pryor For U.S. Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark L. Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2013

Transaction ID : 20776977

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3500.00

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

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

Full Name (Last, First, Middle Initial)

A. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20776978

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : 20776984

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jo Bonner For Congress Committee

Mailing Address P.O.Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Josiah Robins Bonner Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20776985

Amount of Each Disbursement this Period

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Contribution

Candidate Name

Rep. George K. Butterfield

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20776991

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20776992

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Capuano For Congress Committee

Mailing Address PO Box 440305

City State Zip Code
Somerville MA 02144

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael E. Capuano

Office Sought: House
 Senate
 President
State: MA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20776993

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Mike Kelly

Office Sought: House
 Senate
 President
State: PA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20776999

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. Derek Kilmer

Office Sought: House
 Senate
 President
State: WA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20777000

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20777001

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robert Latta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

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

Transaction ID : 20777002

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Alan Lowenthal For Congress

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Alan Lowenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

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

Transaction ID : 20777003

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Nita M. Lowey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

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

Transaction ID : 20777004

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. People For Ben

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Ben Ray Lujan Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 20777005

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Buck McKeon For Congress

Mailing Address 23942 Lyons Ave #105

City State Zip Code
Santa Clarita CA 91321

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Howard P. McKeon

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 20777006

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. McNerney For Congress

Mailing Address P.O. Box 690371

City State Zip Code
Stockton CA 95269

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Jerry McNerney

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 20777007

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bobby Lee Rush

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : 20777008

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Democrats Win Seats PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : 20777009

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Follow the North Star Fund

Mailing Address 316 E Hennepin Ave
Suite 201

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Follow the North Star Fund

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : 20777010

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Fund For The Majority, The

Mailing Address 1212 S. Victory Blvd.

City State Zip Code
Burbank CA 91502

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Fund For The Majority, The

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20777011

Amount of Each Disbursement this Period

2000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Promoting our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City State Zip Code
Cincinnati OH 45244

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Promoting our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20777012

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Mailing Address PO Box 6953

City State Zip Code
Chicago IL 60680

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robin Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
2013 Special General

State: IL District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20777013

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Andre Carson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

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

Transaction ID : 20777055

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

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

Transaction ID : 20777061

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address P.O. Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

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

Transaction ID : 20777067

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President
State: NY District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20777068

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Bonamici For Congress

Mailing Address 2236 Se 10th Ave

City Portland State OR Zip Code 97214

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Suzanne Bonamici

Office Sought: House
 Senate
 President
State: OR District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20777074

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. James W. Gerlach

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20777080

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark P. Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : 20800136

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City Utica State NY Zip Code 13503

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard Hanna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 20800143

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address P.O. Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 20800144

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jeffries For Congress

Mailing Address 630 Washington Avenue

City State Zip Code
Brooklyn NY 11238

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Hakeem Jeffries

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20800145

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City State Zip Code
Cleveland OH 44143

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Joyce

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20800146

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Blaine Luetkemeyer for Congress

Mailing Address P.O. BOX 25

City State Zip Code
Holts Summit MO 65043

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Blaine Luetkemeyer

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20800188

Amount of Each Disbursement this Period

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sean Patrick Maloney For Congress

Mailing Address 18 W Main St

City Beacon State NY Zip Code 12508

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean Patrick Maloney

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20800567

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends For Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McDermott

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801198

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Grace For New York

Mailing Address 49-04 43rd Ave

City Woodside State NY Zip Code 11377

Purpose of Disbursement
Contribution

Candidate Name

Rep. Grace Meng

Office Sought: House
 Senate
 President
State: NY District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801204

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 20801205

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5

City State Zip Code
Rochester NY 14607

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Louise McIntosh Slaughter

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 20801216

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : 20801242

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801245

Amount of Each Disbursement this Period

5000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Victory Now!

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Victory Now!

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801250

Amount of Each Disbursement this Period

2000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Nolan For Congress Volunteer Committee

Mailing Address PO Box 252
40138 Sawmill Rd

City Emily State MN Zip Code 56447

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Rep. Richard Michael Nolan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt Re

State: MN District: 08

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801254

Amount of Each Disbursement this Period

2500.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801257

Amount of Each Disbursement this Period

15000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Orrin PAC

Mailing Address 175 S. West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Orrin PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801264

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
2013 Contribution

011

Candidate Name

GOAL PAC: Grassroots Organizing, Acting and Leading PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : 20801273

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

18500.00

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

Full Name (Last, First, Middle Initial)

A. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph A. Kennedy III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828479

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828482

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hanabusa For Hawaii

Mailing Address P.O. Box 1416

City Honolulu State HI Zip Code 96806

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Colleen W. Hanabusa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828484

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete King For Congress Committee

Mailing Address PO Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Peter T. King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 20828485

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9333 N Meridian Street
230

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Susan Brooks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 20828493

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jeanne Shaheen

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Jeanne Shaheen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 20828494

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Adam Smith For Congress Committee

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Adam Smith

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 20828495

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Robert Warner

Category/
Type

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 20828496

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robert W. Goodlatte

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : 20828497

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

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828498

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hanabusa For Hawaii

Mailing Address P.O. Box 1416

City Honolulu State HI Zip Code 96806

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Colleen W. Hanabusa

Category/
Type

Office Sought: House
 Senate
 President
State: HI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828499

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828500

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address P.O. Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Steve J. Israel

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828502

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Takano For Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Mark Takano

Office Sought: House
 Senate
 President
State: CA District: 41

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828504

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Peter Welch

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : 20828505

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

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

Transaction ID : 20828506

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James Paul Lankford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

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

Transaction ID : 20828507

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

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

Transaction ID : 20828508

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Void of 01/13 Check

011

Category/
Type

Candidate Name

Rep. Daniel B. Maffei

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt Re

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : 20828689

Amount of Each Disbursement this Period

-5000.00

Void of 01/13 Check

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

-5000.00

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

139500.00
