

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

HOSPIRA INC PAC LLC

ADDRESS (number and street) _____

 Check if different than previously reported. (ACC) _____
275 N FIELD DRIVE
HI - 4S DEPT GVAF
LAKE FOREST **IL** **60045**

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
C00433284 _____ **IL** **60045**
 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | | | | | |
|--------------------------|-------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--|
| <input type="checkbox"/> | Feb 20 (M2) | <input type="checkbox"/> | May 20 (M5) | <input type="checkbox"/> | Aug 20 (M8) | <input type="checkbox"/> | Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> | Mar 20 (M3) | <input type="checkbox"/> | Jun 20 (M6) | <input type="checkbox"/> | Sep 20 (M9) | <input type="checkbox"/> | Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> | Apr 20 (M4) | <input type="checkbox"/> | Jul 20 (M7) | <input type="checkbox"/> | Oct 20 (M10) | <input type="checkbox"/> | Jan 31 (YE) |

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

<input type="checkbox"/>	Primary (12P)	<input type="checkbox"/>	General (12G)	<input type="checkbox"/>	Runoff (12R)
<input type="checkbox"/>	Convention (12C)	<input type="checkbox"/>	Special (12G)		

Election on _____ in the State of _____

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

<input type="checkbox"/>	General (30G)	<input type="checkbox"/>	Runoff (30R)	<input type="checkbox"/>	Special (30S)
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Election on _____ in the State of _____

5. Covering Period **07 01 2008** through **09 30 2008**

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 **Lori O. Carlson**

Signature of Treasurer Electronically Filed by **Lori O. Carlson** Date **07 24 2009**

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HOSPIRA INC PAC LLC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		13242.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	16648.00									
(c) Total Receipts (from Line 19)	8708.00	27114.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25356.00	40356.00								
7. Total Disbursements (from Line 31)	12925.00	27925.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12431.00	12431.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HOSPIRA INC PAC LLC

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)	7244.00	18497.00
(ii) Unitemized	1464.00	8617.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8708.00	27114.00
(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)	8708.00	27114.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8708.00	27114.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8708.00	27114.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	27500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	425.00	425.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12925.00	27925.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12925.00	27925.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	8708.00	27114.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8708.00	27114.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 49
(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)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Roger Beglin
Mailing Address 25 Bluffwood Drive
City South Haven State MI Zip Code 49090
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.4661
Amount of Each Receipt this Period 100.00
Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Roger Beglin
Mailing Address 25 Bluffwood Drive
City South Haven State MI Zip Code 49090
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.4663
Amount of Each Receipt this Period 100.00
Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Roger Beglin
Mailing Address 25 Bluffwood Drive
City South Haven State MI Zip Code 49090
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.4664
Amount of Each Receipt this Period 100.00
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

<p>A. Full Name (Last, First, Middle Initial) Roger Beglin</p> <p>Mailing Address 25 Bluffwood Drive</p> <p>City State Zip Code South Haven MI 49090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Hospira, Inc. Occupation: VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>	<p>Date of Receipt 08 / 22 / 2008</p> <p>Transaction ID: SA11AI.4665</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Bi-Weekly Payroll Deduction</p>
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<p>B. Full Name (Last, First, Middle Initial) Roger Beglin</p> <p>Mailing Address 25 Bluffwood Drive</p> <p>City State Zip Code South Haven MI 49090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Hospira, Inc. Occupation: VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1300.00</p>	<p>Date of Receipt 09 / 05 / 2008</p> <p>Transaction ID: SA11AI.4666</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Bi-Weekly Payroll Deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Roger Beglin</p> <p>Mailing Address 25 Bluffwood Drive</p> <p>City State Zip Code South Haven MI 49090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Hospira, Inc. Occupation: VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1400.00</p>	<p>Date of Receipt 09 / 19 / 2008</p> <p>Transaction ID: SA11AI.4667</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Bi-Weekly Payroll Deduction</p>
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SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.4668
 Amount of Each Receipt this Period 50.00
 Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.4669
 Amount of Each Receipt this Period 50.00
 Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.4670
 Amount of Each Receipt this Period 50.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. C

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.4671

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. C

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.4672

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. C

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.4673

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial) Lori O. Carlson		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 522 Rockefeller Road		Transaction ID: SA11AI.4689
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hospira, Inc.	Occupation CVP, Treasurer	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.

Full Name (Last, First, Middle Initial) Lori O. Carlson		Date of Receipt MM / DD / YYYY 07 / 25 / 2008
Mailing Address 522 Rockefeller Road		Transaction ID: SA11AI.4691
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hospira, Inc.	Occupation CVP, Treasurer	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Lori O. Carlson		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
Mailing Address 522 Rockefeller Road		Transaction ID: SA11AI.4692
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hospira, Inc.	Occupation CVP, Treasurer	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 11 / 49
	<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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Lori O. Carlson		Date of Receipt
	Mailing Address 522 Rockefeller Road		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4693
Name of Employer Hospira, Inc.		Occupation CVP, Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>	<input type="text" value="50.00"/>
		Bi-Weekly Payroll Deduction	

B.	Full Name (Last, First, Middle Initial) Lori O. Carlson		Date of Receipt
	Mailing Address 522 Rockefeller Road		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4694
Name of Employer Hospira, Inc.		Occupation CVP, Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	<input type="text" value="50.00"/>
		Bi-Weekly Payroll Deduction	

C.	Full Name (Last, First, Middle Initial) Lori O. Carlson		Date of Receipt
	Mailing Address 522 Rockefeller Road		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4695
Name of Employer Hospira, Inc.		Occupation CVP, Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="950.00"/>	<input type="text" value="50.00"/>
		Bi-Weekly Payroll Deduction	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.4712

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4713

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code
Gurnee IL 60031

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.4720

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 49
(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)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code
Gurnee IL 60031

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.4721
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code
Gurnee IL 60031

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.4722
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code
Gurnee IL 60031

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.4723
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code
Gurnee IL 60031

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

Name of Employer
Hospira, Inc.

Occupation
VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.4724

Amount of Each Receipt this Period
50.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code
Gurnee IL 60031

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

Name of Employer
Hospira, Inc.

Occupation
VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4725

Amount of Each Receipt this Period
50.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Marc Hoffman

Mailing Address 6914 Wildspring Lane

City State Zip Code
Long Grove IL 60047

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

Name of Employer
Hospira, Inc.

Occupation
VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.4738

Amount of Each Receipt this Period
25.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

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

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Marc Hoffman
 Mailing Address 6914 Wildspring Lane
 City State Zip Code
 Long Grove IL 60047
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 25 / 2008
Transaction ID: SA11AI.4739
 Amount of Each Receipt this Period
 25.00
 Bi-Weekly Payroll Deduction
 Name of Employer Occupation
 Hospira, Inc. VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

B. Full Name (Last, First, Middle Initial)
Marc Hoffman
 Mailing Address 6914 Wildspring Lane
 City State Zip Code
 Long Grove IL 60047
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 08 / 2008
Transaction ID: SA11AI.4740
 Amount of Each Receipt this Period
 25.00
 Bi-Weekly Payroll Deduction
 Name of Employer Occupation
 Hospira, Inc. VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

C. Full Name (Last, First, Middle Initial)
Marc Hoffman
 Mailing Address 6914 Wildspring Lane
 City State Zip Code
 Long Grove IL 60047
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 22 / 2008
Transaction ID: SA11AI.4741
 Amount of Each Receipt this Period
 25.00
 Bi-Weekly Payroll Deduction
 Name of Employer Occupation
 Hospira, Inc. VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

SUBTOTAL of Receipts This Page (optional) ► 75.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Marc Hoffman

Mailing Address 6914 Wildspring Lane

City State Zip Code
Long Grove IL 60047

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.4742
 Amount of Each Receipt this Period: 25.00
 Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Marc Hoffman

Mailing Address 6914 Wildspring Lane

City State Zip Code
Long Grove IL 60047

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.4743
 Amount of Each Receipt this Period: 25.00
 Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.4752
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 / 49
	<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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Michael Johannesen	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 1411 East Sunset Terrace	Transaction ID: SA11AI.4753
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
	Name of Employer: Hospira, Inc. Occupation: VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Michael Johannesen	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 1411 East Sunset Terrace	Transaction ID: SA11AI.4754
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
	Name of Employer: Hospira, Inc. Occupation: VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Michael Johannesen	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1411 East Sunset Terrace	Transaction ID: SA11AI.4755
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
	Name of Employer: Hospira, Inc. Occupation: VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.4756
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.4941
 Amount of Each Receipt this Period: 500.00
 One-Time Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.4757
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Terrence Kearney
 Mailing Address 460 Mawman Avenue
 City State Zip Code
 Lake Bluff IL 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospira, Inc. COO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 2688.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2008
Transaction ID: SA11AI.4758
 Amount of Each Receipt this Period
 192.00
 Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Terrence Kearney
 Mailing Address 460 Mawman Avenue
 City State Zip Code
 Lake Bluff IL 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospira, Inc. COO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 2880.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 25 / 2008
Transaction ID: SA11AI.4759
 Amount of Each Receipt this Period
 192.00
 Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Terrence Kearney
 Mailing Address 460 Mawman Avenue
 City State Zip Code
 Lake Bluff IL 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospira, Inc. COO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 3072.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2008
Transaction ID: SA11AI.4760
 Amount of Each Receipt this Period
 192.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 576.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer: Hospira, Inc. Occupation: COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3264.00

Date of Receipt: MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.4761

Amount of Each Receipt this Period: 192.00

Bi-Weekly Payroll Deduction

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

Mailing Address 460 Mawman Avenue

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer: Hospira, Inc. Occupation: COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3456.00

Date of Receipt: MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.4762

Amount of Each Receipt this Period: 192.00

Bi-Weekly Payroll Deduction

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

Mailing Address 460 Mawman Avenue

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer: Hospira, Inc. Occupation: COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3648.00

Date of Receipt: MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4763

Amount of Each Receipt this Period: 192.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 576.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial) Thomas Lockowitz		Date of Receipt MM / DD / YYYY 07 / 11 / 2008	
Mailing Address 1645 Churchchill Court		Transaction ID: SA11AI.4782	
City Green Oaks	State IL	Zip Code 60048	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Hospira, Inc.	Occupation VP	Aggregate Year-to-Date 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Thomas Lockowitz		Date of Receipt MM / DD / YYYY 07 / 25 / 2008	
Mailing Address 1645 Churchchill Court		Transaction ID: SA11AI.4783	
City Green Oaks	State IL	Zip Code 60048	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Hospira, Inc.	Occupation VP	Aggregate Year-to-Date 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Thomas Lockowitz		Date of Receipt MM / DD / YYYY 08 / 08 / 2008	
Mailing Address 1645 Churchchill Court		Transaction ID: SA11AI.4784	
City Green Oaks	State IL	Zip Code 60048	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Hospira, Inc.	Occupation VP	Aggregate Year-to-Date 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

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

Mailing Address 1645 Churchchill Court

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.4785

Amount of Each Receipt this Period 40.00

Bi-Weekly Payroll Deduction

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

Mailing Address 1645 Churchchill Court

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.4786

Amount of Each Receipt this Period 40.00

Bi-Weekly Payroll Deduction

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

Mailing Address 1645 Churchchill Court

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4787

Amount of Each Receipt this Period 40.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 49
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Kathryn J. McDonagh

Mailing Address 1756 Arrowwood Way

City State Zip Code
Libertyville IL 60048

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

Name of Employer: Hospira, Inc. Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 14 / 2008
Transaction ID: SA11AI.4915
 Amount of Each Receipt this Period: 250.00
 Personal Check

B. Full Name (Last, First, Middle Initial)
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code
Gurnee IL 60031

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

Name of Employer: Hospira, Inc. Occupation: CVP & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.4794
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code
Gurnee IL 60031

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

Name of Employer: Hospira, Inc. Occupation: CVP & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.4795
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City Gurnee State IL Zip Code 60031

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

Name of Employer Hospira, Inc. Occupation CVP & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.4796
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City Gurnee State IL Zip Code 60031

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

Name of Employer Hospira, Inc. Occupation CVP & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.4797
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City Gurnee State IL Zip Code 60031

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

Name of Employer Hospira, Inc. Occupation CVP & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.4798
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code
Gurnee IL 60031

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

Name of Employer: Hospira, Inc. Occupation: CVP & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.4799
 Amount of Each Receipt this Period: 50.00
 Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code
Highland Park IL 60035

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

Name of Employer: Hospira, Inc. Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.4806
 Amount of Each Receipt this Period: 25.00
 Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code
Highland Park IL 60035

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

Name of Employer: Hospira, Inc. Occupation: Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.4807
 Amount of Each Receipt this Period: 25.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Sharon O'Brien

Mailing Address 766 Marion Ave

City Highland Park State IL Zip Code 60035

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.4808

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Sharon O'Brien

Mailing Address 766 Marion Ave

City Highland Park State IL Zip Code 60035

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 22 / 2008

Transaction ID: SA11AI.4810

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Sharon O'Brien

Mailing Address 766 Marion Ave

City Highland Park State IL Zip Code 60035

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.4811

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Sharon O'Brien		Date of Receipt
	Mailing Address 766 Marion Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 19 / 2008
	City	State	Zip Code
	Highland Park	IL	60035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4812
Name of Employer Hospira, Inc.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 25.00
		Bi-Weekly Payroll Deduction	

B.	Full Name (Last, First, Middle Initial) Carl Olofson		Date of Receipt
	Mailing Address 17 West Elm		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	Roselle	IL	60172
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4813
Name of Employer Hospira, Inc.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 25.00
		Bi-Weekly Payroll Deduction	

C.	Full Name (Last, First, Middle Initial) Carl Olofson		Date of Receipt
	Mailing Address 17 West Elm		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 25 / 2008
	City	State	Zip Code
	Roselle	IL	60172
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4814
Name of Employer Hospira, Inc.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 25.00
		Bi-Weekly Payroll Deduction	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49
(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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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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Carl Olofson

Mailing Address 17 West Elm

City Roselle State IL Zip Code 60172

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.4815

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Carl Olofson

Mailing Address 17 West Elm

City Roselle State IL Zip Code 60172

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 22 / 2008

Transaction ID: SA11AI.4816

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Carl Olofson

Mailing Address 17 West Elm

City Roselle State IL Zip Code 60172

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.4817

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code
Roselle IL 60172

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

Name of Employer Occupation
Hospira, Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4818

Amount of Each Receipt this Period
25.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code
Gurnee IL 60031

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

Name of Employer Occupation
Hospira, Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.4825

Amount of Each Receipt this Period
25.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code
Gurnee IL 60031

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

Name of Employer Occupation
Hospira, Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.4826

Amount of Each Receipt this Period
25.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 49
(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)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Douglas Owens
Mailing Address 7477 Bittersweet Drive
City Gurnee State IL Zip Code 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.4827
Amount of Each Receipt this Period 25.00
Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Douglas Owens
Mailing Address 7477 Bittersweet Drive
City Gurnee State IL Zip Code 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.4828
Amount of Each Receipt this Period 25.00
Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Douglas Owens
Mailing Address 7477 Bittersweet Drive
City Gurnee State IL Zip Code 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.4829
Amount of Each Receipt this Period 25.00
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 75.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 31 / 49
(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)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code
Gurnee IL 60031

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

Name of Employer Occupation
Hospira, Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4830

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

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

Mailing Address 2181 Chadwick Way

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.4843

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

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

Mailing Address 2181 Chadwick Way

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.4844

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial) Juliana Reed		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
Mailing Address 2181 Chadwick Way		Transaction ID: SA11AI.4845
City Mundelein	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hospira, Inc.	Occupation VP	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) Juliana Reed		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
Mailing Address 2181 Chadwick Way		Transaction ID: SA11AI.4846
City Mundelein	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hospira, Inc.	Occupation VP	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.

Full Name (Last, First, Middle Initial) Juliana Reed		Date of Receipt MM / DD / YYYY 09 / 05 / 2008
Mailing Address 2181 Chadwick Way		Transaction ID: SA11AI.4847
City Mundelein	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hospira, Inc.	Occupation VP	Bi-Weekly Payroll Deduction
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)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 49

(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Hospira, Inc. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.4848

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Hospira, Inc. SVP & General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2688.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.4849

Amount of Each Receipt this Period

192.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Hospira, Inc. SVP & General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2880.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.4850

Amount of Each Receipt this Period

192.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

434.00

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 / 49
	<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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Brian J. Smith	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 4549 RFD Eleanor Drive	Transaction ID: SA11AI.4851
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
Name of Employer Hospira, Inc.	Occupation SVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3072.00	

B.	Full Name (Last, First, Middle Initial) Brian J. Smith	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 4549 RFD Eleanor Drive	Transaction ID: SA11AI.4852
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
Name of Employer Hospira, Inc.	Occupation SVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3264.00	

C.	Full Name (Last, First, Middle Initial) Brian J. Smith	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 4549 RFD Eleanor Drive	Transaction ID: SA11AI.4853
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
Name of Employer Hospira, Inc.	Occupation SVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3456.00	

SUBTOTAL of Receipts This Page (optional)	576.00
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 35 / 49
	<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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Brian J. Smith	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 4549 RFD Eleanor Drive	Transaction ID: SA11AI.4854
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
Name of Employer Hospira, Inc.	Occupation SVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3648.00	

B.	Full Name (Last, First, Middle Initial) Frank Taber	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 8023 - 102nd Ave	Transaction ID: SA11AI.4861
	City State Zip Code Pleasant Prairie WI 53158	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
Name of Employer Hospira, Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Frank Taber	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 8023 - 102nd Ave	Transaction ID: SA11AI.4862
	City State Zip Code Pleasant Prairie WI 53158	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
Name of Employer Hospira, Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	242.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Frank Taber

Mailing Address 8023 - 102nd Ave

City Pleasant Prairie State WI Zip Code 53158

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.4863
 Amount of Each Receipt this Period 25.00
 Bi-Weekly Payroll Deduction

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

Mailing Address 8023 - 102nd Ave

City Pleasant Prairie State WI Zip Code 53158

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.4864
 Amount of Each Receipt this Period 25.00
 Bi-Weekly Payroll Deduction

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

Mailing Address 8023 - 102nd Ave

City Pleasant Prairie State WI Zip Code 53158

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

Name of Employer Hospira, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.4865
 Amount of Each Receipt this Period 25.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 49

(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code
Pleasant Prairie WI 53158

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

Name of Employer Occupation
Hospira, Inc. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.4866

Amount of Each Receipt this Period

25.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Henry Weishaar

Mailing Address 727 Chatham Road

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Hospira, Inc. CVP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.4873

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Henry Weishaar

Mailing Address 727 Chatham Road

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Hospira, Inc. CVP

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.4874

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 49

(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Henry Weishaar

Mailing Address 727 Chatham Road

City State Zip Code
Glenview IL 60025

FEC ID number of contributing federal political committee. C

Name of Employer: Hospira, Inc. Occupation: CVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 08 / 08 / 2008

Transaction ID: SA11AI.4875

Amount of Each Receipt this Period: 50.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Henry Weishaar

Mailing Address 727 Chatham Road

City State Zip Code
Glenview IL 60025

FEC ID number of contributing federal political committee. C

Name of Employer: Hospira, Inc. Occupation: CVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 08 / 22 / 2008

Transaction ID: SA11AI.4876

Amount of Each Receipt this Period: 50.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Henry Weishaar

Mailing Address 727 Chatham Road

City State Zip Code
Glenview IL 60025

FEC ID number of contributing federal political committee. C

Name of Employer: Hospira, Inc. Occupation: CVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 05 / 2008

Transaction ID: SA11AI.4877

Amount of Each Receipt this Period: 50.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 49
(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)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Henry Weishaar

Mailing Address 727 Chatham Road

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Hospira, Inc. CVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4878

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Hospira, Inc. SVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.4885

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Hospira, Inc. SVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.4886

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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 / 49
	<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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Thomas Werner	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 1312 Vineyard Lane	Transaction ID: SA11AI.4887
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
	Name of Employer Occupation Hospira, Inc. SVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Thomas Werner	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1312 Vineyard Lane	Transaction ID: SA11AI.4888
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
	Name of Employer Occupation Hospira, Inc. SVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Thomas Werner	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1312 Vineyard Lane	Transaction ID: SA11AI.4889
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction
	Name of Employer Occupation Hospira, Inc. SVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 / 49
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Hospira, Inc. SVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.4890

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Hospira, Inc. CVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.4897

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Hospira, Inc. CVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.4898

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial)
Valentine Yien
Mailing Address 46 Deerpoint Drive
City Hawthorn Woods State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation CVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.4899
Amount of Each Receipt this Period 50.00
Bi-Weekly Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Valentine Yien
Mailing Address 46 Deerpoint Drive
City Hawthorn Woods State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation CVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.4900
Amount of Each Receipt this Period 50.00
Bi-Weekly Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Valentine Yien
Mailing Address 46 Deerpoint Drive
City Hawthorn Woods State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospira, Inc. Occupation CVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.4901
Amount of Each Receipt this Period 50.00
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 150.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 49	
	(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"/> 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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) Valentine Yien		Date of Receipt																					
	Mailing Address 46 Deerpoint Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	9		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.4902																				
Hawthorn Woods	IL	60047	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		50.00																					
Name of Employer Hospira, Inc.	Occupation CVP		Bi-Weekly Payroll Deduction																					
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)	50.00
TOTAL This Period (last page this line number only)	7244.00

**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)

PAGE 44 / 49

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

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

NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE <hr/> Mailing Address 120 MARYLAND AVENUE NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.4937 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) ENZI FOR US SENATE <hr/> Mailing Address PO BOX 2775 <hr/> City CODY State WY Zip Code 82414 <hr/> Purpose of Disbursement Contribution Candidate Name MICHAEL B ENZI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Transaction ID: SB23.4951 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTEE <hr/> Mailing Address PO BOX 1949 <hr/> City SPRINGFIELD State IL Zip Code 62705 <hr/> Purpose of Disbursement Contribution Candidate Name RICHARD J DURBIN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Transaction ID: SB23.4960 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS <hr/> Mailing Address PO BOX 586 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement Contribution Candidate Name MAX BAUCUS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4938 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT <hr/> Mailing Address PO Box 101436 <hr/> City Arlington State VA Zip Code 22210 <hr/> Purpose of Disbursement Contribution Candidate Name HILLARY RODHAM CLINTON <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4934 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS <hr/> Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712 <hr/> City Monticello State IN Zip Code 47960 <hr/> Purpose of Disbursement Contribution Candidate Name STEVE CONGRESSMAN BUYER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4957 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00

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)
HOSPIRA INC PAC LLC

A.	Full Name (Last, First, Middle Initial) LEAHY FOR U.S. SENATOR COMMITTEE	Transaction ID: SB23.4928 Date of Disbursement
	Mailing Address PO BOX 1042	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City MONTPELIER State VT Zip Code 05601	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PATRICK LEAHY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.4954 Date of Disbursement
	Mailing Address PO Box 521048 Suite A	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Salt Lake City State UT Zip Code 84152	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name JAMES MATHESON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC	Transaction ID: SB23.4946 Date of Disbursement
	Mailing Address 815-A Brazos Street PMB 230	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name MICHAEL MCCAUL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

<p>A. Full Name (Last, First, Middle Initial) MORAN FOR KANSAS</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JERRY MORAN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 01</p>	<p>Transaction ID: SB23.4922 Date of Disbursement: 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name RICHARD M BURR Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00</p>	<p>Transaction ID: SB23.4918 Date of Disbursement: 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 1919 P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name PAUL D RYAN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01</p>	<p>Transaction ID: SB23.4925 Date of Disbursement: 09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)
HOSPIRA INC PAC LLC

<p>A. Full Name (Last, First, Middle Initial) SPECIAL TEAMS 2008 COMMITTEE, THE</p> <p>Mailing Address PO BOX 75103</p> <p>City WASHINGTON State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name SPECIAL TEAMS 2008 COMMITTEE, THE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4949</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address PO BOX 4945</p> <p>City EAST LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4943</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC</p> <p>Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180</p> <p>City AUSTIN State TX Zip Code 78731</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN CORNYN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4931</p> <p>Date of Disbursement 09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	12500.00

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)
Lake County Democratic Women PAC

Transaction ID: SB29.5946

Date of Disbursement

Mailing Address PO Box 263

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

City Highwood State IL Zip Code 60040

Amount of Each Disbursement this Period

425.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

425.00

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

425.00
