FEC FORM 3X	AND	ORT OF RE DISBURSE er Than An Autho	MENTS	ee	Office Use 0	Dnly
1. NAME OF COMMITTEE (in fu		MAILING LABEL OR PRINT 🕎	Example: If typing over the lines	ı, type		
ADDRESS (number and s	street) 325 Se	eventh Street, NW				
Check if differe than previously reported. (ACC	. Washi	ngton)4
2. FEC IDENTIFICAT		CITY	k	STAT	E A ZIF	CODE 🛋
C00106146		3. IS TH REP		NEW (N) OR	AMENDED (A)	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M	F Prts: Report(Q1) (c Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year on-election (d	PRE-Election Report for the: Election of 30-Day Post -Election	(M3) (M4) Primary (12F	12C)		he ate of Special (30S)
Termination (TER)	on Report	Report for the:	n 11	04 200	0	the DC ate of
5. Covering Period	10 1	6 2008	through	11	24 2008	
I certify that I have exam Type or Print Name of T		to the best of my knowle Ielinda Hatton	edge and belief it is	true, correct and c	omplete.	
Signature of Treasurer	Electronically File	d by Ms. Melinda Hatt	on	Date	04 17	2009
NOTE : Submission of fa	alse, erroneous, or in	ncomplete information m	ay subject the pers	on signing this Rep	port to the penalties of	2 U.S.C 437g.
Office Use Only						ORM 3X 2/2004)

Image# 29933567269		SUMMARY PAGE	
	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name American Hospital Association PAC		
F	Report Covering the Period: From:	M M 10 16 Y Y W Y 10 16	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		1507360.96
	(b) Cash on Hand at Begining of Reporting Period	1365691.47]
	(c) Total Receipts (from Line 19)	317057.41	1500434.25
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1682748.88	3007795.21
7.	Total Disbursements (from Line 31)	671672.96	1996719.29
8.	Cash on Hand at Close of	_	
	Reporting Period (subtract Line 7 from Line 6(d))	1011075.92	1011075.92
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	

X 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

FE6AN026

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name American Hospital Association PAC 2^D4 ^м м 10 1^D6 2008 ^M ^M D D 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 655497.24 184416.41 (i) Itemized (use Schedule A) 53264.43 313258.52 (ii) Unitemized (iii) TOTAL (add 237680.84 968755.76 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 975.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 237680.84 969730.76 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 78900.00 497960.33 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 28000.00 Political Committees 17. Other Federal Receipts 476.57 4743.16 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 317057.41 1500434.25 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 317057.41 1500434.25 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

Image# 29933567270

Image# 29933567271

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A	COLUMN B
21. (Operating Expenditures:	Total This Period	Calendar Year-to-Date
((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	1175.44	104306.69
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	1175.44	104306.69
	Transfers to Affiliated/Other Party Committees	0.00	0.00
I	Contributions to Federal Candidates/Committees	118200.00	1248900.00
4. I	(use Schedule E)	551947.52	639947.52
25. (Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	_oans Made	0.00	0.00
8. I	Refunds of Contributions To: (a) Individuals/Persons Other	350.00	1154.75
	Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	1560.33
((such as PACs) (d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) 🕨	350.00	2715.08
29. (Other Disbursements	0.00	850.00
0.	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
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	671672.96	1996719.29
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	671672.96	1996719.29
		0/10/2.00	1000/10.20

Image# 29933567272

DETAILED SUMMARY PAGE

	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)	237680.84	969730.76
34.	Total Contribution Refunds (from Line 28(d))	350.00	2715.08
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	237330.84	967015.68
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1175.44	104306.69
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1175.44	104306.69

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	fo De	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 6 / 233 (check only one)
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and address	of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, , CHE Mailing Address 60 Hospital Road			Date of Receipt
				10 20 2008
	City Leominster		Zip Code 1453	Transaction ID: 16048980 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Health Alliance Hospitals	- I - I	Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date 350.00]
в.	Full Name (Last, First, Middle Initial) Wayne E Pasanen Mailing Address 117 Osgood Street	1		Date of Receipt
	City	State	Zip Code	
	North Andover		01845-4014	Transaction ID: 16048981 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lowell General Hospital	Occupation VP Medical A		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date 250.00]
с.	Full Name (Last, First, Middle Initial) David J Porell Mailing Address 32 Douglas Drive	I		Date of Receipt
				10 20 2008
	City Bridgewater		Zip Code 02324-3544	Transaction ID: 16048983 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cambridge Health Alliance	Occupation VP Clinical Se	ervices	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)	•		850.00
	TOTAL This Period (last page this line number	r only)	 	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 233
	SCHEDOLE A (I LOT OHII SA)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a \prod 11b \prod 11c \prod 12
			Detailed Summary Page	
				13 14 15 16 17
	Any information copied from such Reports and S	tatements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	\rangle American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Francis M Saba	Date of Receipt		
	Mailing Address 14 Prospect Street			M M / D D / Y Y Y Y
				10 20 2008
	City	State	Zip Code	Transaction ID: 16048984
	-	MA	•	
	Milford	IVIA	01757-3090	Amount of Each Receipt this Period
	FEC ID number of contributing	С		325.00
	federal political committee.			323.00
	Name of Employer Milford Regional Medical	Occupatio		
	Center	Presiden	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			
	Other (specify)		675.00	
	Full Name (Last First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich			Date of Receipt
р.				- · · · · · · · · · · · · · · · · · · ·
	Mailing Address 585 Sharpners Pond R	load		10 ²⁰ ^Y YYYY 10 ²⁰ 2008
	<u></u>	a		
	City	State	Zip Code	Transaction ID: 16049007
	North Andover	MA	01845-3335	Amount of Each Receipt this Period
	FEC ID number of contributing			005.00
	federal political committee.	C		265.00
	Name of Employer Tufts-New England Medical	Occupatio	n	
	Center	Chief Info	ormation Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	33 - 3		
	Other (specify)		265.00	
		1 1		
	Full Name (Last First Middle Initial)	1		
C.	Full Name (Last, First, Middle Initial) Jeffrey A Weinstein			Date of Receipt
υ.				
	Mailing Address 22 Nathan Lord Road			10 ²⁰ ^Y YYY 120 ²⁰
	0'1	01-11-		
	City	State	Zip Code	Transaction ID: 16049014
	Amherst	MA	0301	Amount of Each Receipt this Period
	FEC ID number of contributing			280.00
	federal political committee.	C		200.00
		_		
	Name of Employer Tufts-New England Medical	Occupatio		
	Center	Sr. Vice	President and General Couns	sel
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	33 - 34		
	Other (specify)		280.00	
	······································		0 0 0 0 0 0 0	
		I		
				870.00
	SUBTOTAL of Receipts This Page (optional)		►	
	TOTAL This Period (last page this line number	only)		
		••	•	

				FOR LINE NUMBER: PAGE 8 / 233		
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12		
r				13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr Louis J Woolf					
	Mailing Address 81 Highland Avenue			M M / D D / Y Y Y Y 10 20 20 2008		
	City	State	Zip Code	Transaction ID: 16049015		
	Salem	MA	01970-2714	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer North Shore Medical Center	Occupatio	n e Vice President and Chief C			
	Receipt For:	1 1	e Year-to-Date V			
	Primary General	, iggi ogaio		1		
	Other (specify)	0 0	600.00			
в.	Full Name (Last, First, Middle Initial) Ms. Helen R. Strieder			Date of Receipt		
	Mailing Address 83 Penniman Place			M M / D D / Y Y Y Y Y 10 20 2008		
	City	State	Zip Code	Transaction ID: 16049016		
	Brookline	MA	02445-4135	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer New England Baptist Hospi- tal	Occupatio Trustee	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		850.00]		
C.	Full Name (Last, First, Middle Initial) Mr. John O Wilhelm, Jr.			Date of Receipt		
0.	Mailing Address 85 Herrrick Street			10 20 2008		
	City	State	Zip Code	Transaction ID: 16049027		
	Beverly	MA	01915-1777	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Emerson Hospital	Occupatio Executive	n e Vice President & Chief Fina	an		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	1100.00]		
[SUBTOTAL of Possists This Page (anti-	I		950.00		
	SUBTOTAL of Receipts This Page (optional)					
	TOTAL This Period (last page this line number of	only)				

Π	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for e Deta	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 9 / 233 (check only one)
A OI	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may not be e name and address of	sold or used by any person f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ A.	Full Name (Last, First, Middle Initial) Ms. Christine C Schuster			Date of Receipt
	Mailing Address 133 Old Rd to Nine Ad	cre Corner		10 [/] 20 [/] 2008
	City		p Code	Transaction ID: 16049028
	Concord	MA 01	1742-9120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerson Hospital	Occupation President and (Chief Executive Officer	
	Receipt For:	Aggregate Year-to		1
	Other (specify)		250.00]
— В.	Full Name (Last, First, Middle Initial) Mr. Robert G Norton, , CHE	1		Date of Receipt
	Mailing Address 81 Highland Avenue			M M / D D / Y Y Y Y 10 20 2008
	City		p Code	Transaction ID: 16049030
	Salem	<u>MA</u> 01	1970-2768	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer North Shore Medical Center	Occupation President and (Chief Executive Officer	
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Other (specify)		1200.00	
— c.	Full Name (Last, First, Middle Initial) Mr. Edward Kelly			Date of Receipt
	Mailing Address 14 Prospect Street			M M / D D / Y Y Y Y 10 20 2008
	City		p Code	Transaction ID: 16049032
	Milford	MA 01	1757-3090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Milford Regional Medical Center	Occupation Vice President	Finance	
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Other (specify)		325.00	
	SUBTOTAL of Receipts This Page (optional) .		b	775.00
	FOTAL This Period (last page this line number			

SCHEDULE A (FEC F ITEMIZED RECEIPTS	;	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 233 (check only one)
or for commercial purposes, other	than using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In F American Hospital Associ	/		
Full Name (Last, First, Middle Ms. Amy J. Hoey	,		Date of Receipt
Mailing Address 295 Varnu	ım Avenue		10 ^{//} 20 [/] 2008
City	State	Zip Code	Transaction ID: 16049033
Lowell	MA	01854-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lowell General Hospital	Occupation Vice Pres	ⁿ sident Patient Care	
Receipt For:		e Year-to-Date 🔻	
Other (specify)		250.00	
Full Name (Last, First, Middle) Mr. Timothy F. Gens	,		Date of Receipt
Mailing Address 5 New Eng	gland Executive Park		10 ^{//} 20 [/] 2008
City	State	Zip Code	Transaction ID: 16049034
Burlington	MA	01803-5010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Sr. Vice I	ⁿ President, Legal	
Receipt For:		e Year-to-Date 🔻	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle) Mr Gordon Boudrow	Initial)		Date of Receipt
Mailing Address 1493 Carr	bridge Street		10 ^{//} 20 [/] 2008
City	State	Zip Code	Transaction ID: 16049035
Salem	MA	02139-1099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cambridge Health Alliance	I	ancial Officer	
Receipt For:		e Year-to-Date 🔻	_
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Pa	uge (optional)		900.00
TOTAL This Period (last page th			

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 233 (check only one) 11a X 11a 11b 11c 13 14 15 16 17				
Any in or for	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.						
	AME OF COMMITTEE (In Full) merican Hospital Association PAC						
4. <u>M</u>	ull Name (Last, First, Middle Initial) r. Paul Wesolowski	Date of Receipt					
Ma	ailing Address 30 N. Main Pkwy Apt.	1	10 / P D / Y Y Y Y 10 20 2008				
Ci	•	State Zip Code	Transaction ID: 16049040				
<u>L</u> e	eominster	MA 01453-2200	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	C	250.00				
Na He	ame of Employer ealth Alliance Hospitals	Occupation Corp VP, Amulatory Care Serv.					
Re	eceipt For:	Aggregate Year-to-Date V	-				
	Primary General Other (specify) ▼	250.00					
8. <u>Ri</u>	ull Name (Last, First, Middle Initial) ick Mohnk	1	Date of Receipt				
Ma	ailing Address 92 Dunn Rd		M M / D D / Y Y Y Y 10 20 2008				
Ci	ty	State Zip Code	Transaction ID: 16049041				
<u>A</u>	shburnham	MA 01430-3041	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	C	250.00				
Na He	ame of Employer ealth Alliance Hospitals	Occupation Chief Information Officer					
Re	eceipt For:	Aggregate Year-to-Date V					
_	Primary General Other (specify) ▼	250.00					
	ull Name (Last, First, Middle Initial) r. Paul W. Allison		Date of Receipt				
Ma	ailing Address 36 Mitchell Grant		M M / D D / Y Y Y Y 10 20 2008				
Ci	•	State Zip Code	Transaction ID: 16049042				
	edford	MA 01730-1264	Amount of Each Receipt this Period				
fe	EC ID number of contributing deral political committee.	C	1000.00				
Na Ca	ame of Employer ambridge Health Alliance	Occupation General Counsel					
Re	eceipt For:	Aggregate Year-to-Date ▼	7				
-	PrimaryGeneralOther (specify)Image: Control of the second seco	1000.00					
SUB	TOTAL of Receipts This Page (optional)		1500.00				
		only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 233 (check only one)
	Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may not be sold or used by any persor	13 14 15 16 17
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph White, III		Date of Receipt
	Mailing Address 10 Lakeside Terrace		10 ^M / ₂₀ / _Y YYY 10 ²⁰ / ₂₀₀₈
	City	State Zip Code	Transaction ID: 16049043
	Westford	MA 01886-1392	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lowell General Hospital	Occupation Executive Vice President & COO	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Lester P Schindel		Date of Receipt
	Mailing Address 150 York Street		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16049044
	Stoughton FEC ID number of contributing federal political committee.	MA 02072-1829	Amount of Each Receipt this Period
	Name of Employer New England Sinai Hospital and Rehabil	Occupation President and Chief Executive Officer	-
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	1350.00	
C.	Full Name (Last, First, Middle Initial) Ms Susan Bichel		Date of Receipt
	Mailing Address 701 Grove Road		M M / D D / Y
	City	State Zip Code	Transaction ID: 16050149
	Greenville	SC 29605-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Greenville Hospital System	Occupation Vice President Financial Services	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		1500.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/233
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S		
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to s	olicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Joe Blake	Date of Receipt	
	Mailing Address 209 Babbs Holw		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16050150
	Greenville	SC 29607-3747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Greenville Hospital System	Occupation VP of Legal Affairs	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify)	250.00	
n.	Full Name (Last, First, Middle Initial)		Date of Dessint
В.	Mr. Douglas Bowling Mailing Address 2509 Watercrest Lane		Date of Receipt
			10 20 2008
	City Johns Island	State Zip Code SC 29455-3108	Transaction ID: 16050151
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.		250.00
	Name of Employer Roper Hospital	Occupation	-
		Vice President of System Developmen	t
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
~	Full Name (Last, First, Middle Initial)		
C.	Hughlyn Burgess Mailing Address 4011 Brackenberry Dri		Date of Receipt
			10 20 2008
	City	State Zip Code	Transaction ID: 16050152
	Anderson FEC ID number of contributing	SC 29621-3565	Amount of Each Receipt this Period
	federal political committee.		250.00
	Name of Employer AnMed Health	Occupation Trustee	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
1	·		
	SUBTOTAL of Possinte This Page (antised)		750.00
	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	
	TOTAL This Period (last page this line number	only)	· · · · · · · · · · · · · · · · · · ·

c	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/233
			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
I	TEMIZED RECEIPTS			X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
∠ A.	Full Name (Last, First, Middle Initial) Mr. Allen P Carroll			Date of Receipt
	Mailing Address 2095 Henry Tecklenbu	10 ^{//} ^D / ²⁰ / ²⁰⁰⁸		
	City	State	Zip Code	Transaction ID: 16050153
	Charleston	SC	29414-5733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupatio Adminis		
	Receipt For:	1	e Year-to-Date V	-
	Primary General	riggrogati	· · · · · · · · ·	1
	Other (specify)	0 0	250.00	
– В.	Full Name (Last, First, Middle Initial) Mr Howell Clyborne			Date of Receipt
	Mailing Address 701 Grove Road			M M / D D / Y Y Y Y 10 20 20 2008
	City	State	Zip Code	Transaction ID: 16050154
	Greenville	SC	29605-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greenville Hospital System	Occupatio		
		Vice Pre	sident Community and Gove	rnmen
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00	
		0 0		1
_ с.	Full Name (Last, First, Middle Initial) Mr. Jay Cox			Date of Receipt
-	Mailing Address 129 North Washington	n Street		10 20 2008
	City	State	Zip Code	Transaction ID: 16050156
	Sumter	SC	29150-4983	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer Tuomey Healthcare System	Occupation Presider	on ht and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		550.00	1
	Other (specify)	0 0		1
	SUBTOTAL of Receipts This Page (optional)		·····	1050.00
	TOTAL This Period (last page this line number		·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 / 233 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Dr. J. Wallace Davies, MD	Date of Receipt	
	Mailing Address 800 North Fant Street		10 ^{M M} /20 ^Y YYY 2008
	City	State Zip Code	Transaction ID: 16050157
	Anderson	SC 29621-5793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer AnMed Health	Occupation Trustee	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00	
в.	Full Name (Last, First, Middle Initial) Dr Gene Dickerson, , M.D.		Date of Receipt
	Mailing Address 129 North Washington	Street	M M / D D / Y
	City	State Zip Code	Transaction ID: 16050159
	Sumter	SC 29150-4983	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Tuomey Healthcare System	Occupation Vice President of Medical Affairs	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
с.	Full Name (Last, First, Middle Initial) Mr. Douglas Dorman		Date of Receipt
	Mailing Address 701 Grove Road		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16050160
	Greenville	SC 29605-5611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Greenville Hospital System	Occupation VP Human Resources & Operations	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	L	1000.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 16 / 233 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. J Larry Dozier, , Jr., FAC	Date of Receipt	
	Mailing Address P O Box 620	M M / D D / Y Y Y Y 10 20 2008	
	City	State Zip Code	Transaction ID: 16050161
	Winnsboro	SC 29180-0620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Palmetto Health	Occupation Chief Executive Officer	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Ms Doran Dunaway		Date of Receipt
	Mailing Address 701 Grove Road		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16050162
	<u>Greenville</u>	SC 29605-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Greenville Hospital System	Occupation Vice President Information and Technol	o
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE		Date of Receipt
	Mailing Address 125 Doughty Street Suite 760		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16050163
	Charleston FEC ID number of contributing	SC 29403-5736	Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer Roper Hospital	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	••••••••	1000.00
	TOTAL This Period (last page this line number of	only)	

				FOR LINE NUMBER: PAGE 17/233
	SCHEDULE A (FEC Form 3X)		lse separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		or each category of the	X 11a $11b$ 11c 12
			etailed Summary Page	
[Any information copied from such Reports and Si	tatements may not	be sold or used by any perso	on 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.
ĺ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	/			
Α.	Full Name (Last, First, Middle Initial) Rev Terence K Fleming	Date of Receipt		
~ .	Mailing Address PO Box 357			
				10 20 2008
	City	State	Zip Code	Transaction ID: 16050164
	Folly Beach	SC	29439-0357	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		_
	Roper Hospital	VP for Missic	n	
	Receipt For:	Aggregate Yea		-1
	Primary General	, iggregate rea		1
	Other (specify)	250.00		
_				
_	Full Name (Last, First, Middle Initial)			
В.	Ms Lisa M Goodlett			Date of Receipt
	Mailing Address 3000 St Matthews Roa	ld		10 20 2008
	City	State	Zip Code	Transaction ID: 16050165
	Orangeburg	SC	29118-1442	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Regional Medical Center	Occupation Vice Presider	at Einanaa	
	of Örangeburg Receipt For:	Aggregate Yea		_
	Primary General	Aggregate Yea		1
	Other (specify)		500.00	
				1
-	Full Name (Last, First, Middle Initial)	•		
C.	Doug Harrison			Date of Receipt
	Mailing Address 1574 Fiddlers Marsh D	rive		10 ²⁰ /2008
	City	State	Zip Code	Transaction ID: 16050166
	Mt Pleasant	SC	29464-4286	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation		
	Receipt For:	1 1	nt, Human Resources	
	Primary General	Aggregate Yea		1
	Other (specify)		250.00	
			<u>v v v 8 8 8 8 8</u>	·
[•		•
	SUBTOTAL of Receipts This Page (optional)			1000.00
				-
	TOTAL This Period (last page this line number	only)		

		Г		FOR LINE NUMBER: PAGE 18 / 233
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	ITEMIZED RECEIPTS			X 11a 11b 11c 12
			Detailed Outfinnary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Lisa Irvin			Date of Receipt
	Mailing Address 159 Harbour Watch W	-		10 ²⁰ /2027 2008
	City	State	Zip Code	Transaction ID: 16050167
	Mount Pleasant	SC	29464-2827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation VP of Nur		
	Receipt For:	1	Year-to-Date V	1
	Primary General		250.00	
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Mr. Malcolm W Isley			Date of Receipt
	Mailing Address 109 Anna's Place			M M / D D / Y Y Y Y 10 20 2008
	City	State	Zip Code	Transaction ID: 16050168
	Simpsonville	SC	29681-4813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greenville Hospital System	Occupation Vice Pres		
	Receipt For: Aggre		Year-to-Date 🔻	
	Primary General		250.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Ms. Ellen Jackson			Date of Receipt
	Mailing Address 316 Calhoun Street			M M / D D / Y
	City	State	Zip Code	Transaction ID: 16050169
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation VP, Mana	i Iged Care & Physician Servio	ces
	Receipt For:	Aggregate	Year-to-Date	
	Other (specify)	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number		· · ·	

S	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 19 / 233
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
ہر م	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr Bret Johnson	Date of Receipt	
	Mailing Address 316 Calhoun Street	10 ^{//} 20 [/] Y Y Y Y 10 ^{//} 20 ^{//} 2008	
	City	State Zip Code	Transaction ID: 16050170
	Charleston	SC 29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Roper Hospital	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00]
— В.	Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan		Date of Receipt
	Mailing Address 201 Graylyn Drive		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16050171
	Anderson	SC 29621-1985	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer AnMed Health Medical Cent- er	Occupation Director of Urgent Care	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	500.00	
 с.	Full Name (Last, First, Middle Initial) Mr Fred L Latham		Date of Receipt
	Mailing Address 1325 Spring Street		M M / D D / Y Y Y Y 10 20 2008
	City	State Zip Code	Transaction ID: 16050172
	Greenwood	SC 29646-3860	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Self Regional Healthcare	pe	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1000.00
	TOTAL This Period (last page this line number of	·	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 20 / 233 (check only one)		
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the			son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)	\mathbf{N}				
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. David T Lewis	Date of Receipt				
	Mailing Address 809 Bridgetown Pass			M M / D D / Y Y Y Y 10 20 2008		
	City	State	Zip Code	Transaction ID: 16050173		
	Mt Pleasant	SC	29464-8330	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Roper Hospital	Occupation	n sident/General Counsel			
	Receipt For:		Year-to-Date V	—		
	Other (specify)		250.00			
		0 0	0 0 0 0 0 0 0			
в.	Full Name (Last, First, Middle Initial) Mr Bill T Manson			Date of Receipt		
	Mailing Address 800 N. Fant St.			10 20 2008		
	City	State	Zip Code	Transaction ID: 16050174		
	Anderson	SC	29621	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer AnMed Health Medical Cent- er	Occupation Executive	n e Vice President			
	Receipt For:	Aggregate	Year-to-Date			
	Primary General Other (specify) ▼		250.00			
с.	Full Name (Last, First, Middle Initial) Mr. John A Miller, , Jr., FAC			Date of Receipt		
	Mailing Address 1205 Briarwood Ave.			10 / Y Y Y Y 20 2008		
	City	State	Zip Code	Transaction ID: 16050175		
	Anderson	SC	29621-3931	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		750.00		
	Name of Employer AnMed Health Medical Cent- er	Occupation President				
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_		
	Other (specify)	0 0	750.00			
	SUBTOTAL of Receipts This Page (optional)	1		1250.00		
	SUBTUTAL OF RECEIPTS THIS Page (optional)					
	TOTAL This Period (last page this line number	⁻ only)				

	SCHEDULE A (FEC Form 3X)		eparate schedule(s)	FOR LINE NUMBER: PAGE 21 / 233 (check only one)
	ITEMIZED RECEIPTS		ch category of the ed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr Jerry A Parrish Mailing Address 107 Nottingham Court	Date of Receipt		
	City	State Zip (Code	Transaction ID: 16050176
	Anderson	SC 296		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AnMed Health Medical Cent- er	Occupation Vice President		
	Receipt For:	Aggregate Year-to-l	Date 🔻	_
	Other (specify) ▼		250.00]
В.	Full Name (Last, First, Middle Initial) Mr. Michael C. Riordan			Date of Receipt
	Mailing Address 4 White Crescent Lane			M M / D D / Y Y Y Y 10 20 2008
	City		Code	Transaction ID: 16050177
	Simpsonville	SC 296	81-3614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Greenville Hospital System	Occupation President and CE	EO	
	Receipt For:	Aggregate Year-to-l	Date 🔻	
	Other (specify) ▼	0 0 0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Mr. Greg Rusnak			Date of Receipt
	Mailing Address 701 Grove Road			10 ^{//} 20 [/] 2008
	City	-		Transaction ID: 16050178
	Greenville	50 296	05-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Greenville Memorial Hospi- tal	Occupation Chief Operating		
	Receipt For: Primary General	Aggregate Year-to-l	Date 🔻	
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)		b	1000.00
	TOTAL This Period (last page this line number of		•	

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 233
	TEMIZED RECEIPTS	for each category of the	(check only one)
I		Detailed Summary Page	X 11a 11b 11c 12
F			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per-	son for the purpose of soliciting contributions
		name and address of any political committee	
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
∠ A.	Full Name (Last, First, Middle Initial) Mr. Matthew J Severance	Date of Receipt	
	Mailing Address 316 Calhoun Street	M M / D D / Y Y Y Y 10 20 2008	
	City	State Zip Code	Transaction ID: 16050179
	Charleston	SC 29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Roper Hospital	Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General	Aggregate real-to-Date +	_
	Other (specify) 🔻	250.00	
_			—
В.	Full Name (Last, First, Middle Initial) Dr Steven D Shapiro, , M.D.		Date of Receipt
Ь.	Mailing Address 316 Calhoun Street		
			10 20 2008
	City	State Zip Code	Transaction ID: 16050180
	Charleston	SC 29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	-
	Roper Hospital	Vice President for Medical Affairs	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General		
	Other (specify)	250.00	
-	Full Name (Last, First, Middle Initial)	1	Data of Dessint
C.	Michael Taylor Mailing Address 316 Calhoun Street		Date of Receipt
	Maining Address 316 Calmoun Street		10 20 2008
	City	State Zip Code	Transaction ID: 16050181
	Charleston	SC 29401-1125	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		250.00
	Name of Employer	Occupation	\neg
	Roper Hospital ´	Chief Information Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	250.00	
	Other (specify)		
Г		1	
	SUBTOTAL of Receipts This Page (optional)		750.00
⊢	,		· · · · · · · · · · · · · · · · · · ·
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 233 (check only one)		
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.			
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Charles C. Thornton, Jr., CPA				
	Mailing Address 705 Westchester Drive	10 ^{//} ^D ^D / ^Y ^Y ^Y ^Y ^Y 2008			
	City	State Zip Code	Transaction ID: 16050182		
	Anderson	SC 29621	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer AnMed Health Medical Cent- er	Occupation Trustee			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Other (specify)	250.00			
в.	Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward		Date of Receipt		
	Mailing Address 298 Memorial Drive		M M / D D / Y		
	City	State Zip Code	Transaction ID: 16050184		
	Seneca	SC 29672-9499	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	500.00		
	Name of Employer Oconee Memorial Hospital	Occupation President and Chief Executive Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00			
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Suzanne White Mailing Address 701 Grove Road		Date of Receipt		
	City	State Zip Code	Transaction ID: 16050185		
	Greenville	SC 29605-5611	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Greenville Hospital System	Occupation Vice President, Chief Nursing Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional)		1000.00		
	TOTAL This Period (last page this line number of				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Dr. Jerry R. Youkey, MD Mailing Address 701 Grove Road	Date of Receipt		
	City	State	Zip Code	Transaction ID: 16050192
	Greenville	SC	29605-5611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greenville Hospital System	Occupation VP, Med	n ical/Academic Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
- B.	Full Name (Last, First, Middle Initial) Victor N Lee Mailing Address P O Box 151	J		Date of Receipt
	City	State	Zip Code	
	Albion	NE	68620-0151	Transaction ID: 16050252 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer Boone County Health Center	Occupation Presiden	on It and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 350.00]
- C.	Full Name (Last, First, Middle Initial) Ann Varner			Date of Receipt
	Mailing Address 527 Ironwood Drive			10 ²⁰ YYYY 120208
	City	State	Zip Code	Transaction ID: 16052434
	<u>O Fallon</u>	MO	63368-6333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Mercy Health Care	Occupatio Consum	on er Advocacy/Representation	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			850.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 233 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sheri D. Beekman	Date of Receipt		
	Mailing Address 2440 Shetland Drive			M M / D D / Y Y Y Y 10 16 2008
	City	State	Zip Code	Transaction ID: 16052442
	Dardenne Prairie	MO	63366-7210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Mercy Health	Occupatio	ⁿ sident Patient Financial Svcs	-
	Care Receipt For:		e Year-to-Date V	1
	Primary General	Ayyreyald		
	Other (specify)		250.00	
		0 0		
в.	Full Name (Last, First, Middle Initial) Ms. Andrea Easton			Date of Receipt
	Mailing Address 258 Evergreen Road			
		State	Zip Code	1 0 2 1 2 008 Transaction ID: 16054818
	•	OR		
	Lake Oswego	Un	97034-3145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer	Occupatio	n	-
	Oregon Association of Hos-		of Advocacy	
	pitals & Heal Receipt For:		e Year-to-Date 🔻	-
	Primary General	Ayyreyald		
	Other (specify) ▼	0 0	1425.00	
C.	Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard, , FACHE			Date of Receipt
	Mailing Address 2650 Siskiyou Blvd, Su	iite 200		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 16054819
	Medford	OR	97504-8170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Asante Health System	Occupatio Presiden	n It and Chief Executive Officer	
	Receipt For:	Annrenate	e Year-to-Date 🔻	1
	Primary General	, iggi oguio		
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number of		· · ·	
		y/	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 233 (check only one)	
1			for each category of the		
-			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
Г	Annu information and ind from such Departs and C				
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
	American Hospital Association FAC				
Z	Full Name (Last, First, Middle Initial)				
Α.	Mr. David T Underriner	Date of Receipt			
	Mailing Address 2690 Surrey Lane	M M / D D / Y Y Y Y			
		10 21 2008			
	City	State	Zip Code	Transaction ID: 16054821	
	West Linn	OR	97068-2268	Amount of Each Receipt this Period	
	FEC ID number of contributing	<u> </u>		250.00	
	federal political committee.	C		230.00	
	News of Evenleyer			-	
	Name of Employer Providence Milwaukie Hosp-	Occupatio	n Administrator		
	ital Receipt For:	1	_		
	Primary General	Aggregat	e Year-to-Date 🔻		
	Other (specify)		250.00		
			0 0 0 0 0 0 0	1	
-	Full Name (Last, First, Middle Initial)				
В.	Mr. Michael Coughlin			Date of Receipt	
	Mailing Address 860 W 38 Avenue	M M / D D / Y Y Y Y			
				10 21 2008	
	City	State	Zip Code	Transaction ID: 16054824	
	Eugene	OR	97405-2302	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		500.00	
	Name of Employer	Occupatio	20	_	
	Name of Employer PeaceHealth	Trustee	л I		
	Receipt For:	↓ ↓	e Year-to-Date 🔻	_	
	Primary General	Ayyreyan		1	
	Other (specify)		500.00		
				·	
-	Full Name (Last, First, Middle Initial)				
C.	Mr. David Holloway, MD.			Date of Receipt	
	Mailing Address 3735 Cherokee Drive S	South			
		<u> </u>	7. 0. 1	10 21 2008	
	City	State	Zip Code	Transaction ID: 16054828	
	Salem	OR	97302-9712	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Name of Employer Salem Hospital	Occupatio	on	-	
	Salem Hospital	Chief Me	edical Officer		
	Receipt For:	1 1	e Year-to-Date 🔻		
	Primary General	0.0		1	
	Other (specify)		250.00]]	
-					
Γ					
	SUBTOTAL of Receipts This Page (optional)			1000.00	
F	· · · · · · · · · · · · · · · · · · ·		•	-	
	TOTAL This Period (last page this line number	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 27 / 233 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A O	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr Daniel B Smith	Date of Receipt		
	Mailing Address 1046 West Sixth Aver	10 ^{//} 21 ^{//} 2008		
	City	State	Zip Code	Transaction ID: 16054830
	Albany	OR	97321-1916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Samaritan Albany General	Occupatio	ⁿ sident Finance	
	Hospital Receipt For:		e Year-to-Date V	
	Primary General	Ayyreyale		-
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Terry Smith			Date of Receipt
	Mailing Address 2525 NW 133 PI.	M M / D D / Y Y Y Y 10 21 2008		
	City	Zip Code	Transaction ID: 16054832	
	Portland	OR	97229-4571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence Portland Medic-	Occupatio Chief Fin	n nancial Officer	
	al Center Receipt For:	1	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Ms. Mary Lyon			Date of Receipt
	Mailing Address 12 Wildlife Drive			10 ²³ ²⁰⁰⁸
	City	State	Zip Code	Transaction ID: 16058764
	Wallingford	СТ	06492-5346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupatio Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_]
	Other (specify)	0 0	350.00]
		1		850.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 233 (check only one) 11a X 11a 11b I3 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Brian Rogoz Mailing Address 81 Meriden Avenue		Date of Receipt
	City	State Zip Code	Transaction ID: 16058765
	Southington	CT 06489-3297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Bradley Memorial Hospital and Health C	Occupation Vice President Finance and Chief Fina	n n
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	
в.	Full Name (Last, First, Middle Initial) Ms. Lucille A Janatka		Date of Receipt
	Mailing Address 435 Lewis Avenue		10 ^{//} 23 [/] 2008
	City	State Zip Code	Transaction ID: 16058766
		CT 06451-2101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		350.00
	Name of Employer MidState Medical Center	Occupation President and Chief Executive Officer	_
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	350.00	
C.	Full Name (Last, First, Middle Initial) Dr. Daniel Rissi, M.D.		Date of Receipt
	Mailing Address 367 Glenwood Ave. Ex	tension	10 [/] 23 [/] 2008
	City	State Zip Code	Transaction ID: 16058767
	Waterford	CT 06385-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Lawrence & Memorial Hospi- tal	Occupation Vice President & Chief Medical Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	
	SUBTOTAL of Receipts This Page (optional)	••••••	1050.00
	TOTAL This Period (last page this line number of	only) 🕨	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/233				
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)				
			13 14 15 16 17				
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Carolyn S. Kobsa						
	Mailing Address P O Box 5000		10 23 2008				
	City	State Zip Code	Transaction ID: 16058768				
	Bridgeport	CT 06610-0120	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	350.00				
	Name of Employer Bridgeport Hospital	Occupation Senior Vice President Planning and I	Mar				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	350.00					
В.	Full Name (Last, First, Middle Initial) Mr J. Kevin Kinsella		Date of Receipt				
	Mailing Address P O Box 5037		10 23 2008				
	City	State Zip Code	Transaction ID: 16058774				
	Hartford	CT 06102-5037	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	350.00				
	Name of Employer Hartford Hospital	Occupation					
	Receipt For:	Vice President Aggregate Year-to-Date	_				
	Primary General	350.00					
	Other (specify)						
C.	Full Name (Last, First, Middle Initial) Mr. John J. Brady, III		Date of Receipt				
0.	Mailing Address 5 Lynnbrook Road		10 23 2008				
	City	State Zip Code	Transaction ID: 16058775				
	Trumbull	CT 06611-3308	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Connecticut Hospital Asso-	Occupation					
	ciation Receipt For:	Vice President, Business Developme Aggregate Year-to-Date					
	Primary General						
	Other (specify)	500.00					
	SUBTOTAL of Receipts This Page (optional)		1200.00				
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 233 (check only one)					
	Any information copied from such Reports and S	13 14 15 16 17						
	or for commercial purposes, other than using the	name and address of any political committee to s	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Dr. Jane Deane Clark, PhD							
	Mailing Address 110 Barnes Road	M M / D D / Y Y Y Y 10 23 2008						
	City	State Zip Code	Transaction ID: 16058776					
	Wallingford	CT 06492-1802	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		500.00					
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Senior Director, Healthcare Data						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	500.00						
В.	Full Name (Last, First, Middle Initial) Mr. Robert J Trefry		Date of Receipt					
υ.	Mailing Address P O Box 5000		$\begin{array}{c c} M & M \\ 1 & 0 \end{array} \begin{array}{c} D & D \\ 2 & 3 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array}$					
	City	State Zip Code	Transaction ID: 16058777					
	Bridgeport	CT 06610-0120	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer Bridgeport Hospital	Occupation President and Chief Executive Officer						
	Receipt For:	Aggregate Year-to-Date						
	Primary General Other (specify) ▼	500.00						
C.	Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner		Date of Receipt					
	Mailing Address P O Box 100		10 ^{//} 23 [/] 2008					
	City	State Zip Code	Transaction ID: 16058778					
	New Britain	CT 06050-0100	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer Hospital of Central Conne- cticut, The	Occupation President and Chief Executive Officer						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	500.00						
	SUBTOTAL of Receipts This Page (optional)	·····	1500.00					
	TOTAL This Period (last page this line number							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to such a solution of the solution					
	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings			Date of Receipt			
	Mailing Address 901 Pequot Avenue			M M / D D / Y Y Y Y 10 23 2008			
	City	State	Zip Code	Transaction ID: 16058803			
	New London	СТ	6320	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Lawrence & Memorial Hospi-	Occupation	n t and Chief Executive Officer				
	tal Receipt For:		Year-to-Date V	_			
	Primary General Other (specify) ▼		500.00]			
в.	Full Name (Last, First, Middle Initial) Dr. Joel R. Reich			Date of Receipt			
	Mailing Address 71 Haynes Street	M M / D D / Y Y Y Y 10 23 2008					
	City	State	Zip Code	Transaction ID: 16058804			
	Manchester	CT	06040-4131	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Eastern Connecticut Health Network	Occupation Senior Vi	n ice President Medical Affairs				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify) ▼	0 0	500.00				
C.	Full Name (Last, First, Middle Initial) Mr. Kurt A Barwis, , CHE, CPA			Date of Receipt			
	Mailing Address Brewster Road			M M / D D / Y Y Y Y 10 23 2008			
	City	State	Zip Code	Transaction ID: 16058806			
	Bristol	СТ	06011	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Bristol Hospital	Occupation President	n t and Chief Executive Officer				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify) ▼	0 0	500.00				
	SUBTOTAL of Receipts This Page (optional)		•	1500.00			
	TOTAL This Period (last page this line number of	only)					

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 233
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
	[13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert Gerard Kiely			Date of Receipt
	Mailing Address 28 Crescent Street			10 ^{//} [/]
	City	State	Zip Code	Transaction ID: 16058807
	Middletown	СТ	06457-3654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Middlesex Hospital	Occupation President	and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	, iggi oguto	500.00	-
	Other (specify)			
		0.0		-
в.	Full Name (Last, First, Middle Initial) Mr. James D. lacobellis	1		Date of Receipt
	Mailing Address 110 Barnes Road			10 23 2008
	City	State	Zip Code	Transaction ID: 16058808
	Wallingford	СТ	06492-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Hospital Asso-	Occupation	n sident, Government Relation	
	ciation Receipt For:	1 1		
	Primary General	Aggregate	Year-to-Date	-
	Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	⊿
C.	Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom			Date of Receipt
	Mailing Address 20 York Street			10 23 2008
	City	State	Zip Code	Transaction ID: 16058809
	New Haven	СТ	06510-3220	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Yale-New Haven Hospital	Occupation President	and Chief Executive Office	
	Receipt For:		Year-to-Date V	
	Primary General	riggrogato		
	Other (specify)	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)	I		1500.00
	TOTAL This Period (last page this line number	only)		

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 233				
			for each category of the	(check only one)				
			Detailed Summary Page					
	Г			13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
А.	Full Name (Last, First, Middle Initial) Mr. Robert Z. Vovak	· · · · · · · · · · · · · · · · · · ·						
	Mailing Address 9326 Perglen Road	M M / D D / Y Y Y Y 10 23 2008						
	City	State	Zip Code	Transaction ID: 16058904				
	Baltimore	MD	21236	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Maryland Hospital Associa- tion	Occupation Sr. Vice F	n President & CFO					
	Receipt For:		Year-to-Date V	1				
	Primary General	riggregate		1				
	Other (specify)		500.00					
В.	Full Name (Last, First, Middle Initial) Mr. James J Xinis			Date of Receipt				
	Mailing Address 100 Hospital Road			M M / D D / Y Y Y Y 10 23 2008				
	City	State	Zip Code	Transaction ID: 16058905				
	Prince Frederick	MD	20678-9675	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1500.00				
	Name of Employer Calvert Memorial Hospital	Occupation President	and Chief Executive Office	r				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General			1				
	Other (specify)	0 0	1500.00					
C.	Full Name (Last, First, Middle Initial) Mr. Peter W Monge			Date of Receipt				
	Mailing Address 18101 Prince Philip Dr	rive		M M / D D / Y Y Y Y 10 23 2008				
	City	State	Zip Code	Transaction ID: 16058906				
	Olney	MD	20832-1512	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Montgomery General Hospit- al	Occupation President	and Chief Executive Office	r				
	Receipt For:	Agareaate	Year-to-Date 🔻	7				
	Primary General Other (specify) ▼		250.00]				
				2250.00				
	SUBTOTAL of Receipts This Page (optional)							
	TOTAL This Period (last page this line number	r only)						

				I	FOR LINE NUMBER: PAGE 34 / 233		
	SCHEDULE A (FEC Form 3X)		Use separate schedule	e(s)	(check only one)		
	FEMIZED RECEIPTS		for each category of the Detailed Summary Page	Э	X 11a 11b 11c 12		
					13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	ly person f hittee to so	or the purpose of soliciting contributions licit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler						
	Mailing Address 3619 Stansbury Mill Re	10 ⁴ 23 ⁴ 2008					
	City	State	Zip Code		Transaction ID: 16058907		
	Phoenix	MD	21131-1730		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			600.00		
	Name of Employer Maryland Hospital Associa- tion	Occupation Sr. VP C	on Communications				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		600.0	00			
_	Full Name (Last, First, Middle Initial)						
В.	John Bernot				Date of Receipt		
	Mailing Address 6404 Sandy Street				10 ^{//} 23 ^{//} 2008		
	City	State	Zip Code		Transaction ID: 16058912		
	Laurel	MD	20707-2992		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Maryland Hospital Associa- tion	Occupation Senior D	on Director of IT				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.0	00			
- C.	Full Name (Last, First, Middle Initial) Mr. Robert E. Gibbons				Date of Receipt		
0.	Mailing Address 101 Arch Street Suite 1741				10 21 2008		
	City	State	Zip Code		Transaction ID: 16062855		
	Boston	MA	02110-1109		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			550.00		
	Name of Employer Massachusetts Hospital As- sociation	Occupation Sr. Vice	on President, Government	t Advoca	C		
	Receipt For:	1 1	e Year-to-Date 🔻	1			
	Primary General Other (specify) ▼		550.0	00			
Г		<u> </u>			1400.00		
	SUBTOTAL of Receipts This Page (optional)			•	1400.00		
	TOTAL This Period (last page this line number	only)		►			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11							
Any information copied from such Reports and or for commercial purposes, other than using	Iny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Hospital Association PAC									
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor		Date of Receipt							
Mailing Address 25 Highland Avenue	Mailing Address 25 Highland Avenue								
City	State Zip Code	Transaction ID: 16062856							
Newburyport	MA 01950-3867	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		35.00							
Name of Employer Anna Jaques Hospital	Occupation Chief Executive Officer								
Receipt For:	Aggregate Year-to-Date ▼	1							
Primary General Other (specify) ▼	285.00								
Full Name (Last, First, Middle Initial) Dr. Gary L Gottlieb, , M.D.		Date of Receipt							
Mailing Address 75 Francis Street	10 [/] 21 [/] 2008								
City	City State Zip Code								
Boston	MA 02115-6106	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	1000.00							
Name of Employer Brigham and Women's Hospi- tal	Occupation President								
Receipt For:	Aggregate Year-to-Date								
Primary General Other (specify) ▼	1000.00								
Full Name (Last, First, Middle Initial) Mr. Normand E Deschene, , FACHE		Date of Receipt							
Mailing Address 295 Varnum Avenue	Mailing Address 295 Varnum Avenue								
City	State Zip Code	Transaction ID: 16062858							
Lowell	MA 01854-2134	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	500.00							
Name of Employer Lowell General Hospital	Occupation President and Chief Executive Officer								
Receipt For:	Aggregate Year-to-Date V								
Primary General Other (specify) ▼	500.00								
SUBTOTAL of Receipts This Page (optional)	1535.00							
	, P								

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	American Hospital Association PAC			
۷ A.	Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson			Date of Receipt
	Mailing Address 61 Hickory Lane			M M / D D / Y Y Y Y 10 22 2008
	City	State	Zip Code	Transaction ID: 16062863
	Madison	CT	06443-1718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Connecticut Hospital Asso-	Occupation	n t and Chief Executive Officer	
	ciation Receipt For:	1	Year-to-Date V	
	Primary General	7 iggi oguto		1
	Other (specify)	0 0	1000.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Joan S. Conboy	1		Date of Receipt
	Mailing Address 116 Palatine Church R	10 22 2008		
	City	State	Zip Code	Transaction ID: 16062870
	Fort Plain	NY	13339-2804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Little Falls Hospital	Occupation Board Me		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
- C.	Full Name (Last, First, Middle Initial) Mr. Timothy H Hanson	1		Date of Receipt
	Mailing Address 559 Capitol Boulevard	l, 6-South		10 24 2008
	City	State	Zip Code	Transaction ID: 16067010
	Saint Paul	MN	55103-0000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HealthEast Care System	Occupation President	n t and Chief Executive Officer	,
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1600.00
	TOTAL This Period (last page this line number	only)		
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 37 / 233 (check only one)	
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	I LIVILLU I (LVLIF 1 J	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions	
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Randy Ulseth		Date of Receipt	
	Mailing Address 301 South Highway 65		10 [/] 24 [/] 2008	
	City	State Zip Code	Transaction ID: 16068744	
	Mora	MN 55051-1899	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Kanabec Hospital	Occupation Chief Executive Officer		
	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼	250.00		
- В.	Full Name (Last, First, Middle Initial) Ms. Patricia Arnold		Date of Receipt	
	Mailing Address 433 Greenleaf Street		M M / D D / Y Y Y Y 10 24 2008	
	City	State Zip Code	Transaction ID: 16068832	
	Saint Louis	MO 63122-4451	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer St. John's Mercy Medical Center	Occupation Foundation President		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼	250.00		
- с.	Full Name (Last, First, Middle Initial) Mr. John Fick		Date of Receipt	
	Mailing Address PO Box 7567		M M / D D / Y Y Y Y 10 30 2008	
	City	State Zip Code	Transaction ID: 16077967	
	Fredericksburg	VA 22404-7567	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	350.00	
	Name of Employer Medicorp Health System	Occupation Trustee		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify)	350.00		
Γ	SUBTOTAL of Receipts This Page (optional)		850.00	
F	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X)	Γ		FOR LINE NUMBER: PAGE 38 / 233
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L Graves			Date of Receipt
	Mailing Address 100 Sentara Circle			M M / D D / Y
	City	State	Zip Code	Transaction ID: 16078027
	Williamsburg	VA	23188-5713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sentara Williamsburg Regi-	Occupation		-
	onal Medical	Vice Pres	ident and Administrator	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
B.	Full Name (Last, First, Middle Initial) Mr. Mark Szalwinski			Date of Receipt
	Mailing Address 104 Watch Harbour Ci	ircle		M M / D D / Y Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16078040
	Smithfield	VA	23430-2326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sentara Healthcare	Occupation Director o	f Pharmacy	-
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	350.00]
C.	Full Name (Last, First, Middle Initial) Mr. James Spaulding			Date of Receipt
	Mailing Address PO Box 220			10 ¹ /YYYYY 102008
	City	State	Zip Code	Transaction ID: 16078058
	Chase City	VA	23924-0220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Halifax Regional Health System	Occupation Trustee		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
	SUBTOTAL of Receipts This Page (optional)		•	1050.00
	TOTAL This Period (last page this line number			

				FOR LINE NUMBER: PAGE 39 / 233
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_			Detailed Gammary Fage	
	Any information copied from such Reports and a or for commercial purposes, other than using the	Statements mane and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Marie Frederick			Date of Receipt
	Mailing Address 602 Waters Cove Ct.			M M / D D / Y
	City	State	Zip Code	Transaction ID: 16078088
	Stafford	VA	22554-3985	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Medicorp Health System	Occupatio Vice Pres	n sident of Properties	
	Receipt For:		e Year-to-Date 🔻	
	Primary General		350.00	
	Other (specify)	0 0		
- В.	Full Name (Last, First, Middle Initial) Mr. Michael Taylor	·		Date of Receipt
	Mailing Address 533 Kings Grant Road	d		M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16078107
	Virginia Beach	VA	23452-7051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sentara Healthcare	Occupatio		
	Receipt For:	Vice Pre	_	
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify) ▼		350.00	
- C.	Full Name (Last, First, Middle Initial) Melinda Perdue	_1		Date of Receipt
	Mailing Address 2125 Yellow Mountain	n RD Unit #30	07	M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16078125
	Roanoke	VA	24014-2428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Carilion Roanoke Community Hospital	Occupatio SVP, Re	n gional Operations	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
ſ		1		1050.00
┝	SUBTOTAL of Receipts This Page (optional) .			
	TOTAL This Period (last page this line numbe	er only)		

		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 233 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11 11 11 11 12
or for commercial purp	oses, other than using the name and a		o solicit contributions from such committee.
Full Name (Last, Fi			
A. Ms. Kathy Tagnesi Mailing Address	1840 Amherst Street		Date of Receipt
City	State	Zip Code	Transaction ID: 16078128
Winchester	VA	22601-2808	Amount of Each Receipt this Period
FEC ID number of federal political con			350.00
Name of Employer Valley Health Syste	em Occupa Chief N	tion Jursing Officer	
Receipt For:		ate Year-to-Date	
Other (specif	y) ▼	350.00	
Full Name (Last, Fi Mr. William B Downe	ey		Date of Receipt
Mailing Address	500 J Clyde Morris Boulevard		10 ^{/ D D / Y Y Y Y 10^{/ 30} 2008}
City	State	Zip Code	Transaction ID: 16078134
Newport News	VA	23601-1976	Amount of Each Receipt this Period
FEC ID number of federal political con			350.00
Name of Employer Riverside Regional Center		ive Vice President and Admin	istr
Receipt For: Primary	Aggreg	ate Year-to-Date 🔻	_
Other (specif		350.00	
Full Name (Last, Fi Charlotte Ramsey			Date of Receipt
Mailing Address	6216 Crooked Stick Way		10 ^{//} 2008
City	State	Zip Code	Transaction ID: 16078348
Radford	VA	24141-7025	Amount of Each Receipt this Period
FEC ID number of federal political con			350.00
Name of Employer Carilion New River Medical Cent		Jursing Officer	
Receipt For: Primary	General	ate Year-to-Date 🔻	_
Other (specif		350.00	
SUBTOTAL of Recei	pts This Page (optional)		1050.00
TOTAL This Period (last page this line number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe le name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial)		
Α.	Mr. John L Fitzgerald Mailing Address 3600 Joseph Siewick	Drive	Date of Receipt
	City	State Zip Code	10302008 Transaction ID: 16078497
	Fairfax	VA 22033-1798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		350.00
	Name of Employer Inova Fair Oaks Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (crecify) =	Aggregate Year-to-Date ▼ 350.00	
-	U Other (specify) ▼ Full Name (Last, First, Middle Initial)		
В.	Ms. Betsey Meadows Mailing Address 425 Pleasant Point D	rive	Date of Receipt
	City	State Zip Code	Transaction ID: 16078534
	Norfolk	VA 23502-5703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Healthcare	Occupation Director	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	350.00	
- с.	Full Name (Last, First, Middle Initial) Ms. Barbara Kane		Date of Receipt
	Mailing Address 7102 Massaponax Cl	nurch	10 ^{//} ^D ^D [/] ^Y
	City	State Zip Code	Transaction ID: 16078535
	Spotsylvania	VA 22553-2228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Medicorp Health System	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 350.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	1050.00
ŀ	TOTAL This Period (last page this line number	r 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 / 233 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Michael J Halseth		Date of Receipt
	Mailing Address P O Box 3340		10 ^{//} 30 [/] 2008
	City	State Zip Code	Transaction ID: 16078536
	Winchester	VA 22604-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		350.00
	Name of Employer Valley Health System	Occupation President and Chief Executive Officer	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
В.	Full Name (Last, First, Middle Initial) Mr. Bertram Reese		Date of Receipt
	Mailing Address 1513 Quail Point Road		M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16078538
	Virginia Beach	VA 23454-3115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		350.00
	Name of Employer Sentara Healthcare	Occupation VP & Chief Information Officer	
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	350.00	
C.	Full Name (Last, First, Middle Initial) Ms. Rosemary C Check		Date of Receipt
	Mailing Address 4770 Kempsville Greer	ns Parkway	M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16078551
	Virginia Beach	VA 23462-6412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Obici Hospital	Occupation Vice President and Administrator	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
	SUBTOTAL of Receipts This Page (optional)	······	1050.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 233 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	· · · · · · · · · · · · · · · · · · ·			
Α.	Full Name (Last, First, Middle Initial) Ms Walter J Kiwall			Date of Receipt
	Mailing Address 1001 Sam Perry Boule	evard		10 [/] ¹
	City	State	Zip Code	Transaction ID: 16078552
	Fredericksburg	VA	22401-3354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Mary Washington Hospital	Occupation Executiv	on e Vice President and Chief (Dpe
	Receipt For:	1 1	e Year-to-Date 🔻	<u>·</u>
	Primary General Other (specify) ▼		350.00]
В.	Full Name (Last, First, Middle Initial) Kevin J Van Renan	<u> </u>		Date of Receipt
	Mailing Address 11502 Clupeper CT			M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16078557
	Spotsylvania	VA	22551-4671	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Mary Washington Hospital	Occupation Senior V	on /ice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	350.00	
C.	Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr.			Date of Receipt
	Mailing Address 3131 Rivanna Court			10 ^{//} 30 ^{//} 2008
	City	State	Zip Code	Transaction ID: 16078558
	Woodbridge	VA	22192-3373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Potomac Hospital	Occupation Executiv	on e Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	350.00	
	SUBTOTAL of Receipts This Page (optional)	I		1050.00
	TOTAL This Period (last page this line number			

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 233
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	⊥ Iv not be sold or used by any pe dress of any political committe	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
لا A.	Full Name (Last, First, Middle Initial)			Date of Receipt
A .	Mailing Address 6015 Poplar Hall Drive)		10 30 2008
	City	State	Zip Code	Transaction ID: 16078571
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sentara Healthcare	Occupation Senior V	on /ice President & CFO	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
– В.	Full Name (Last, First, Middle Initial) Mr Howard P Kern			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive)		M M / D D / Y Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16078572
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sentara Healthcare	Occupation Presider	on It and Chief Operating Off	cer
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
– c.	Full Name (Last, First, Middle Initial) Ms. Susan MacLeod			Date of Receipt
	Mailing Address 700 Surfside Ave			M M / D D / Y Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16078955
	Virginia Beach	VA	23451-3677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Maryview Medical Center		e Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		350.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number			•

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 233 (check only one) X X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association P	PAC	
Full Name (Last, First, Middle Initial) Ms. Eileen Dohmann		Date of Receipt
Mailing Address 6508 Flowerdew	Hundred Ct.	10 ^{D D} / Y Y Y Y 10 ^{D D} 2008
City	State Zip Code	Transaction ID: 16078960
Centreville	VA 20120-3755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Washington Hospital	Occupation Vice President, Nursing	
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Stephen Cooley		Date of Receipt
Mailing Address 4117 Crossgate I	Drive	10 ^{M M} /D D/YYYY 1030 2008
City	State Zip Code	Transaction ID: 16078962
Fredericksburg	VA 22408-9538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Medicorp Health System	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Michael K Kerner		Date of Receipt
Mailing Address 9025 Norwick Rd	I	M M / D D / Y Y Y Y 10 30 2008
City	State Zip Code	Transaction ID: 16078963
Richmond	VA 23229-7760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Bon Secours St. Mary's Ho- spital	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (ontig	onal)	1050.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 233 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Ms. Renee K Rountree Mailing Address 245 Chesapeake Aven	ue	Date of Receipt
	City	State Zip Code	1 0 3 0 2 0 0 8 Transaction ID: 16078967
	Newport News	VA 23607-6038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Riverside Rehabilitation Institute Receipt For:	Occupation Vice President and Administrator Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	350.00]
в.	Full Name (Last, First, Middle Initial) Mr. Samuel Miller		Date of Receipt
	Mailing Address 2208 Birnam Woods C	10 ^M 0 ^D 0 ^D 1 ^Y 1 ^Y 1 ^Y 2008	
	City	State Zip Code	Transaction ID: 16078969
	Midlothian	VA 23112-4148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Medicorp Health System	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	350.00	
C.	Full Name (Last, First, Middle Initial) Mr Daniel E Baker		Date of Receipt
	Mailing Address 800 NE Glen Oak Aver	nue	10 / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16078981
	Peoria	IL 61603-3200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer OSF Healthcare System	Occupation Chief Financial Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)		1450.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 233 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings Mailing Address 2829 Cheswick Rd.		Date of Receipt
	City Quincy	State Zip Code IL 62301-6380	Transaction ID: 16078982 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00
	Name of Employer Blessing Hospital Receipt For: Primary General	Occupation President and Chief Executive Officer Aggregate Year-to-Date	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	1100.00	
В.	Mr. Jonathan R. Bruss Mailing Address 30 W 061 Kensington I	Drive	Date of Receipt
	City	State Zip Code	Transaction ID: 16078983
	Warrenville	IL 60555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Advocate Good Samaritan Hospital	Occupation Chief Executive Officer	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 750.00	
C.	Full Name (Last, First, Middle Initial) Mr. James Dan		Date of Receipt
	Mailing Address 511 Forest Mews		10 ^M , D D / Y Y Y Y 10 ^D 30 ^D 2008
	City	State Zip Code	Transaction ID: 16078991
	Oak Brook FEC ID number of contributing federal political committee.	IL 60523-2643	Amount of Each Receipt this Period 750.00
	Name of Employer Advocate Health Care	Occupation Administrator	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	•	1800.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 48 / 233
	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce M Elegant		Date of Receipt
	Mailing Address 520 South Maple Aven	ue	M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16079000
	Oak Park	IL 60304-1097	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	175.00
	Name of Employer Rush Oak Park Hospital	Occupation President and Chief Executive Officer	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00]
в.	Full Name (Last, First, Middle Initial) Mr. Richard B Floyd		Date of Receipt
-	Mailing Address 934 Center Street		10 ['] 30 ['] 2008
	City	State Zip Code	Transaction ID: 16079013
	Elgin	IL 60120-2198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Sherman Hospital	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	400.00	
C.	Full Name (Last, First, Middle Initial) Mr. David S. Fox	I	Date of Receipt
	Mailing Address 3815 Highland Avenue)	M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16079016
	Downers Grove	IL 60515-1500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1200.00
	Name of Employer Advocate Good Samaritan Hospital	Occupation President	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1200.00	
	SUBTOTAL of Receipts This Page (optional)	•	1775.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 233			
	ITEMIZED RECEIPTS		for each category of the				
			Detailed Summary Page				
Г	Any information panied from such Departs and C	totomonto mo		13 14 15 16 17			
	Any information copied from such Reports and Si or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. James P. Hill			Date of Receipt			
А.	Mailing Address 7435 West Talcott Ave	nuo					
		ilue		10 30 2008			
	City	State	Zip Code	Transaction ID: 16079067			
	<u>Chicago</u>	IL	60631-3717	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		1000.00			
	federal political committee.	C					
	Name of Employer	Occupatio	n				
	Name of Employer Resurrection Medical Cent- er		ice President Human Resour	rces			
	Receipt For:		e Year-to-Date 🔻				
	Primary General		1000.00	1			
	Other (specify)						
-							
В.	Full Name (Last, First, Middle Initial) Mr. James M. Hohner			Date of Receipt			
υ.	Mailing Address 2159 W. Agatite						
				10 30 2008			
	City	State	Zip Code	Transaction ID: 16079068			
	<u>Chicago</u>	IL	60625-1705	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		250.00			
	federal political committee.						
	Name of Employer Advocate Health Care	Occupatio	n				
		Director,	Advocate Health Care Found	dat			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		250.00	1			
	Other (specify)	0 0					
-	Full Name (Last, First, Middle Initial)						
C.	Ms. Barbara Johnson			Date of Receipt			
	Mailing Address One North Franklin						
		Chata	Zin Onde	10 30 2008			
	City <u>Chicago</u>	State IL	Zip Code	Transaction ID: 16079070			
			60606-3436	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer American Hospital Associa-	Occupatio					
	tion-Chicago Receipt For:	r •	Executive Services				
	Primary General	Aggregate	e Year-to-Date 🔻	1			
	Other (specify)		250.00				
		0.0		·			
Γ							
	SUBTOTAL of Receipts This Page (optional)			1500.00			
ľ							
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 50 / 233
	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St	atements may not be sold or used by any pers	son for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	American hospital Association 1740		
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Keel		Date of Receipt
	Mailing Address 333 North Madison		10 30 2008
	City	State Zip Code	Transaction ID: 16079080
	Joliet	IL 60435-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Provena Health	Occupation Regional Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	250.00	
	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Ms. Karen A Lambert		Date of Receipt
	Mailing Address 450 West Highway 22		M M / D D / Y
	City	State Zip Code	Transaction ID: 16079083
	Barrington	IL 60010-1919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Advocate Good Shepherd Ho-	Occupation	
	spital Receipt For:	President	
	Primary General	Aggregate Year-to-Date ▼	-
	Other (specify) v	350.00	
C.	Full Name (Last, First, Middle Initial) Mr. Dominic Nakis		Date of Receipt
	Mailing Address 2268 River Woods Driv	e	10 30 2008
	City	State Zip Code	Transaction ID: 16079105
	Naperville	IL 60565-6351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Advocate Health Care	Occupation Vice President, Finance	
	Receipt For:	Aggregate Year-to-Date V	-1
	Other (specify) ▼	750.00	
	SUBTOTAL of Receipts This Page (optional)		▶ 1350.00
	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 233
	· · ·		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
Г	Any information popilar from such Departs and O	totomosta ur-		
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
		name and au	diess of any political committee to	
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	/			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Scott Powder			Date of Receipt
	Mailing Address 1775 Dempster			M M / D D / Y Y Y Y
				10 30 2008
	City	State	Zip Code	Transaction ID: 16079108
	Park Ridge	IL	60068-1143	Amount of Each Receipt this Period
			00000 1143	Amount of Each Receipt this Fehou
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupatio		
	Advocate Lutheran General			
	Hospital	_ <u> </u>	rategic Planning & Growth	-1
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		250.00	1
	Other (specify)		250.00	
-	Full Name (Last, First, Middle Initial)	•		
В.	Mr William P Santulli			Date of Receipt
	Mailing Address 2025 Windsor Drive			M M / D D / Y Y Y Y
				10 30 2008
	City	State	Zip Code	Transaction ID: 16079110
	•		•	
	Oak Brook	IL	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing	С		750.00
	federal political committee.			
	Name of Employer Advocate Health Care	Occupatio		
		Executiv	e Vice President and Chief C	2De
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		750.00	1
	Other (specify)		750.00	
-	Full Name (Last, First, Middle Initial)	•		
C.	Mr Bruce Smith			Date of Receipt
	Mailing Address 2025 Windsor Drive			M M / D D / Y Y Y Y
				10 30 2008
	City	State	Zip Code	Transaction ID: 16079113
	Oak Brook		60523-1586	
	Oak BIOOK	16	00323-1380	Amount of Each Receipt this Period
	FEC ID number of contributing	С		750.00
	federal political committee.			
	Nome of Employer	Occupatio	22	
	Name of Employer Advocate Health Care			
			ice President Information Sy	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		750.00	1
	Other (specify)		750.00	
				_
Г		•		
	SUBTOTAL of Receipts This Page (optional)			1750.00
Ļ	SUBICIAL OF RECEIPTS THIS Page (optional)		·····	
	TOTAL This Period (last page this line number	only)	🕨	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 233				
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)				
				X 11a 11b 11c 12				
			, ,	13 14 15 16 17				
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. David A Schertz			Date of Receipt				
	Mailing Address 5666 East State Street			M M / D D / Y Y Y Y 10 30 2008				
	City	State	Zip Code	Transaction ID: 16079114				
	Rockford	IL	61108-2472	Amount of Each Receipt this Period				
				Anount of Each neceipt this renou				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer OSF Saint Anthony Medical	Occupatio	on	-				
	OSF Saint Anthony Medical Center	Administ	trator					
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Primary General	, iggi ogui		1				
	Other (specify)	0 0	250.00					
В.	Full Name (Last, First, Middle Initial) Mr. John H Tobin			Date of Receipt				
	Mailing Address 64 Robbins Street			M M / D D / Y Y Y Y 10 29 2008				
	City	State	Zip Code	Transaction ID: 16079208				
	Waterbury	CT	06708-2600	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Waterbury Hospital	Occupation Presider	on It and Chief Executive Officer	-				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General			1				
	Other (specify)	0 0	500.00					
C.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Johnson			Date of Receipt				
	Mailing Address PO Box 20007			M M / D D / Y Y Y Y 10 30 2008				
	City	State	Zip Code	Transaction ID: 16079222				
	Owensboro	KY	42304-0007	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		350.00				
	Name of Employer	Occupatio	on					
	Name of Employer Owensboro Medical Health		ernment & Community Relat	ions				
	System Receipt For:	-	,					
	Primary General	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	350.00					
	SUBTOTAL of Receipts This Page (optional)		·····	1100.00				
	TOTAL This Period (last page this line number of							
		• ·	-					

	SCHEDULE A (FEC Form 3X)	Us	se separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 233 (check only one)			
	ITEMIZED RECEIPTS		for each category of the				
		De	etailed Summary Page	X 11a 11b 11c 12			
	[13 14 15 16 17			
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not to name and address	oe sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Kathryn Cook			Date of Receipt			
	Mailing Address 85 North Grand Avenue	e		M M / D D / Y			
	City	State 2	Zip Code	Transaction ID: 16079224			
	Fort Thomas	KY -	41075-1793	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		350.00			
	Name of Employer St. Luke Hospital West	Occupation Director Admi	inistrative and Corporate	-			
	Receipt For:	Aggregate Year	· · · · ·	-			
	Primary General	Aggregate Tear					
	Other (specify)		350.00				
		0 0 0					
В.	Full Name (Last, First, Middle Initial) Mr. Michael S Eesley			Date of Receipt			
	Mailing Address 385 Millennium Drive			M M / D D / Y			
	City	State 2	Zip Code	Transaction ID: 16079259			
	Crystal Lake	IL	60012-3761	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00			
	Name of Employer Centegra Health System	Occupation President and	I Chief Executive Officer				
	Receipt For:	Aggregate Year	-to-Date 🔻				
	Primary General		1000.00				
	Other (specify)		1300.00				
C.	Full Name (Last, First, Middle Initial) Mr. Aaron T. Shepley			Date of Receipt			
	Mailing Address 385 Millennium Drive			M M / D D / Y Y Y Y 10 30 2008			
	City		Zip Code	Transaction ID: 16079260			
	Crystal Lake	IL	60012-3740	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Centegra Health System	Occupation Chief Quality	Officer/General Counse				
	Receipt For:	Aggregate Year	-to-Date 🔻				
	Other (specify)		350.00				
	SUBTOTAL of Receipts This Page (optional)		•••••	750.00			
	TOTAL This Period (last page this line number of	only)					

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE N (check only	
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 13	11b 11c 12 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpo	se of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)			Data at 5	
Α.	Mr. Jason Sciarro Mailing Address 14255 Castlebar Trail			Date of F	•
	City	State	Zip Code		ion ID: 16079261
	Woodstock	IL	60098-8881		of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Centegra Memorial Medical Center	Occupation Executive	n e Vice President		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0.0	800.00]	
- B.	Full Name (Last, First, Middle Initial) Ms. Patricia Keel			Date of F	Receipt
	Mailing Address 333 North Madison			^M 1 0	/ D D / Y Y Y Y 30 / 2008
	City	State	Zip Code		ion ID: 16079262
	Joliet		60435-8200	Amount	of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer Provena Health	Occupation Regional	n Chief Financial Officer		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	350.00		
- С.	Full Name (Last, First, Middle Initial) Ms. Susan Nordstrom Lopez	I		Date of F	Receipt
	Mailing Address 836 West Wellington A	Avenue		^M 1 0	/ D D / Y Y Y Y 30 2008
	City	State	Zip Code		ion ID: 16079267
	<u>Chicago</u>	IL .	60657-5147	Amount of	of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer Advocate Illinois Masonic Medical Cent	Occupation President	t		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify) 🔻	0 0	350.00		
	SUBTOTAL of Receipts This Page (optional)	-			750.00
	TOTAL This Period (last page this line number	only)			

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	atomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 233 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11
or fo	or commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.
	VAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Helen Brooks			Date of Receipt
Ν	Aailing Address 2400 North Rockton Av	10 ^{//} ^{DD} / ^Y YYY 10 ^{//} 2008		
	Dity	State	Zip Code	Transaction ID: 16079276
<u> </u>	Rockford	IL	61103-3655	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		300.00
F _	Name of Employer Rockford Memorial Hospital	Occupatio Executiv	n e Director, Foundation	
F	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Mr. William R. Dilts			Date of Receipt
Ν	Aailing Address 11873 Warblers Way			M M / D D / Y Y Y Y 10 30 2008
Ċ	Dity	State	Zip Code	Transaction ID: 16079277
<u> </u>	Roscoe		61073-7541	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		300.00
_	Name of Employer Rockford Memorial Hospital	Occupatio Vice Pre		
F	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Gordon Langejans			Date of Receipt
Ν	Aailing Address 2400 North Rockton Av	enue		M M / D D / Y
	City	State	Zip Code	Transaction ID: 16079279
-	Rockford		61103-3655	Amount of Each Receipt this Period
f.	EC ID number of contributing ederal political committee.	C		300.00
-	Name of Employer Rockford Memorial Hospital	_	ical Affairs	
F	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	300.00]
SU	BTOTAL of Receipts This Page (optional)			900.00
	TAL This Period (last page this line number of		•	

	SCHEDULE A (FEC Form 3X)	ſ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 233
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
		Detailed Summary Page	13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may te name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Daniel Parod			Date of Receipt
	Mailing Address 2400 North Rockton A	Avenue		M M / D D / Y
	City	State	Zip Code	Transaction ID: 16079291
	Rockford	IL	61103-3655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Rockford Memorial Hospital	Occupation VP, Huma	an Resouces	
	Receipt For:		Year-to-Date V	-
	Primary General			1
	Other (specify)	0 0	300.00	
- В.	Full Name (Last, First, Middle Initial) Kevin Ruggles			Date of Receipt
	Mailing Address 2400 North Rockton A	Avenue		M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16079293
	Rockford	IL	61103-3655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Rockford Memorial Hospital	Occupation Chief Phy	rsician Exec.	
	Receipt For:	·	Year-to-Date V	-
	Primary General	33 13 11		1
	Other (specify)	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Henry Seybold, Jr.	1		Date of Receipt
	Mailing Address 501 North Lansdowne	e Avenue		M M / D D / Y Y Y Y 10 30 2008
	City	State	Zip Code	Transaction ID: 16079300
	Drexel Hill	PA	19026-1114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Rockford Memorial Hospital	Occupation CFO	I	1
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00]
Γ				
	SUBTOTAL of Receipts This Page (optional) .			900.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 233 (check only one) X X 11a 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
۷ A.	Full Name (Last, First, Middle Initial) Dr Milton G Schmitt, , M.D.			Date of Receipt
	Mailing Address 2400 North Rockton A	Avenue		10 ^{D D} / Y Y Y Y 2008
	City	State	Zip Code	Transaction ID: 16079303
	Rockford	IL	61103-3692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Rockford Memorial Hospital	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	300.00	
- B.	Full Name (Last, First, Middle Initial) Mr Richard Carlson			Date of Receipt
	Mailing Address 1000 North Allen Stre	et		10 ^{''} 30 ^{''} 2008
	City	State	Zip Code	Transaction ID: 16079304
	Robinson		62454-1167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	750.00]
- C.	Full Name (Last, First, Middle Initial) Mr. Forrest G Hester			Date of Receipt
	Mailing Address Post Office Box 569			10 ¹
	City	State	Zip Code	Transaction ID: 16079309
		IL	62656-0569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Abraham Lincoln Memorial Hospital	Occupation Presiden	n t and Chief Executive Office	r
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	850.00	
ſ	SUBTOTAL of Receipts This Page (optional).			750.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 233 (check only one) X X 11a 11b 11c 12 X 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski		Date of Receipt
	Mailing Address 3333 North Seminary	Street	M M / D D / Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16079310
	Galesburg	IL 61401-1299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer OSF St. Mary Medical Cent- er	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	800.00	
в.	Full Name (Last, First, Middle Initial) Dr. James Leonard		Date of Receipt
	Mailing Address 611 West Park Street		10 ^{//} ^D ^D [/] ^Y
	City	State Zip Code	Transaction ID: 16079311
	Urbana	IL 61801-2500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Carle Foundation Hospital	Occupation President and Chief Executive Officer	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	850.00	
с.	Full Name (Last, First, Middle Initial) Mr. James M Moore		Date of Receipt
	Mailing Address 800 NE Glen Oak Ave	nue	10 ^M / ₃₀ / _Y YYY 12008
	City	State Zip Code	Transaction ID: 16079312
	Peoria	IL 61603-3255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer OSF Healthcare System	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
I			
	SUBTOTAL of Receipts This Page (optional)	•	750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 59 / 233 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	· · · · · · · · · · · · · · · · · · ·		
Α.	Full Name (Last, First, Middle Initial) Dr. Lee Sacks		Date of Receipt
	Mailing Address 2025 Windsor Drive		10 J D D / Y Y Y Y 12008
	City	State Zip Code	Transaction ID: 16079313
	Oak Brook	IL 60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Advocate Health Care	Occupation Executive Vice President and Chief Me	ed
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	750.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Mr. Darryl L Vandervort		Date of Receipt
	Mailing Address 403 East First Street		10 30 Y Y Y Y 10 30 2008
	City	State Zip Code	Transaction ID: 16079318
	Dixon	IL 61021-3187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Katherine Shaw Bethea Hos- pital	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	800.00	
C.	Full Name (Last, First, Middle Initial) Mr. Mark F. Weber, FACHE		Date of Receipt
0.	Mailing Address P O Box 340		10 30 2008
	City	State Zip Code	Transaction ID: 16079319
	Alton	IL 62002-0340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Saint Anthony's Health Ce- nter	Occupation President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1300.00	
	SURTOTAL of Possinte This Page (antianal)		850.00
	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 233 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
⊻ A.	Full Name (Last, First, Middle Initial) Ms. Frances Margolin		Date of Receipt
	Mailing Address One North Franklin		M · M / D · D / Y
	City	State Zip Code	Transaction ID: 16079383
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa-	Occupation Vice President, Operations HRET	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	440.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Gary S. Collier		Date of Receipt
	Mailing Address 4160 Tallman Trail		10 ¹ 24 ¹ 2008
	City	State Zip Code	Transaction ID: 16079436
	Dayton	OH 45430-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Miami Valley Hospital	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
– C.	Full Name (Last, First, Middle Initial) Mr. John E. Callender		Date of Receipt
•	Mailing Address 2743 Elginfield Road		10 ²⁰ 24 ²⁰⁰⁸
	City	State Zip Code	Transaction ID: 16079980
	Upper Arlington	OH 43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	350.00	
ſ	SUBTOTAL of Receipts This Page (optional)		320.00
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 233 (check only one) X X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC		
А.	Full Name (Last, First, Middle Initial) Ms. Kimberly A. Keiser Mailing Address 2237 Bryden Road		Date of Receipt
	City	State Zip Code	Transaction ID: 16079997
	Bexley	OH 43209-1612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Ohio Hospital Association	Occupation Chief Information Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Mr. Thomas S. Urban		Date of Receipt
	Mailing Address 8484 Old Shaw Way		M M / D D Y
	City	State Zip Code	Transaction ID: 16079999
	West Chester FEC ID number of contributing federal political committee.	OH 45069-6400	Amount of Each Receipt this Period
	Name of Employer Mercy Health Partners	Occupation Administrator	-
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Robert W Shroder		Date of Receipt
	Mailing Address 667 Eastland Avenue S	3E	10 [/] 24 [/] 2008
	City	State Zip Code	Transaction ID: 16080006
	Warren	OH 44484-4503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer St. Joseph Health Center	Occupation President and Chief Executive Officer	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	•	1000.00
	TOTAL This Period (last page this line number	only)	

					FOR LINE NUMBER: PAGE 62/233
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the		(check only one)
	ITEMIZED RECEIPTS	I EMIZED RECEIPIS			X 11a 11b 11c 12
,			Detailed Summary Page		13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any dress of any political committ	person tee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Chester B Kaletkowski	Date of Receipt			
	Mailing Address 23 Winding Way	10 ^{//} 31 [/] 2008			
	City	State	Zip Code		Transaction ID: 16080063
	Mullica Hill	NJ	08062-2511		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer South Jersey Healthcare	Occupation Presiden	on It and Chief Executive Of	fficer	
	Receipt For:	Aggregate	e Year-to-Date 🔻]
	Primary General		500.00)	
	Other (specify)	0 0			
в.	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper				Date of Receipt
	Mailing Address 121 Clear Creek Road				M M / D D / Y Y Y Y 10 31 2008
	City	State	Zip Code		Transaction ID: 16080071
	Langhorne	PA	19047-2306		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			5.00
	Name of Employer New Jersey Hospital Assoc-	Occupatio			
	iation	Vice Pre	sident, Human Resource	es	-
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)		225.00)	
С.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins	1			Date of Receipt
0.	Mailing Address 6180 Lower Mountain	Road			10 31 2008
	City	State	Zip Code		Transaction ID: 16080081
	New Hope	PA	18938-5760		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			5.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP.,	n Health Economics		
	Receipt For:	· · · · ·	e Year-to-Date 🔻		1
	Primary General			7	
	Other (specify)	0 0	288.77	0	
	SUBTOTAL of Receipts This Page (optional)			•	510.00
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 233			
	ITEMIZED RECEIPTS		for each category of the	(check only one)			
		Detailed Summary Page					
r				13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.					
1	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
A.	/ Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs						
- .	Mailing Address 23 E. Delaware Avenue	Date of Receipt					
	City	State	Zip Code	Transaction ID: 16080082			
	Pennington	NJ	08534-2302	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		5.00			
	federal political committee.		1 1 1 1 1 1				
	Name of Employer New Jersey Hospital Assoc-	Occupatio					
	iation	General					
	Receipt For:	Aggregate	e Year-to-Date	_			
	Primary General		285.00				
	Other (specify)	0 0]			
в.	Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr.	•		Date of Receipt			
D.	Mailing Address 4 Poppy Lane						
				10 31 2008			
	City	State	Zip Code	Transaction ID: 16080095			
	Howell	NJ	07731-1451	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		5.00			
	Name of Employer New Jersey Hospital Assoc-	Occupation	on th Economics				
	iation Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V				
	Primary General	, iggi ogut	225.00	1			
	Other (specify)	0 0					
с.	Full Name (Last, First, Middle Initial) Ms. Valerie Sellers	•		Date of Receipt			
	Mailing Address 82 Millers Grove Road			M M / D D / Y Y Y Y 10 31 2008			
	City	State	Zip Code	Transaction ID: 16080096			
	Belle Mead	NJ	08502-4306	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		5.00			
	Name of Employer New Jersey Hospital Assoc- iation		P., Health Planning & Resea	ar¢			
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Primary General		350.00	11			
	Other (specify)	0.0		1			
	SUBTOTAL of Receipts This Page (optional)		b	15.00			
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the						
ļ		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and S or for commercial purposes, other than using the	person for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Ms. Beth Berry	Date of Receipt						
	Mailing Address 500 Interstate Bouleva	rd South	10 ^{/ D} 7 ^{/ Y} 2008					
	City	State Zip Code	Transaction ID: 16080417					
	Nashville	TN 37210-4634	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	750.00					
	Name of Employer Tennessee Hospital Associ- ation	Occupation Sr. Vice President, Government A	Affairs					
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify)	750.00						
- B.	Full Name (Last, First, Middle Initial) Mr. Chris Clarke		Date of Receipt					
	Mailing Address 500 Interestate Blvd. S	outh	10 ^M 4 31 ^V 2008					
	City	State Zip Code	Transaction ID: 16080419					
	Nashville	TN 37210-4634	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	350.00					
	Name of Employer Tennessee Hospital Associ- ation	Occupation Senior Vice President, Center for	Pati					
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	350.00						
- C.	Full Name (Last, First, Middle Initial) Mr. Joseph M Dawson		Date of Receipt					
	Mailing Address 907 East Lamar Alexa	nder Pkwy	10 ^{D D} / Y Y Y Y 12008					
	City	State Zip Code	Transaction ID: 16080420					
	Maryville	TN 37804-5016	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	1000.00					
	Name of Employer Blount Memorial Hospital	Occupation Administrator						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	1000.00						
ſ	SUBTOTAL of Receipts This Page (optional)		2100.00					
ŀ	TOTAL This Period (last page this line number							
L	IVIAL THIS FERIOU (LAST PAGE THIS III E NUMBER	ייו <i>ע)</i>						

ITEMIZ	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 233 (check only one) 11a X 11a 13 14 15 16 17
or for con	nmercial purposes, other than using the r OF COMMITTEE (In Full)	name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Amer	ican Hospital Association PAC			
A. <u>Mr. Mi</u>	ame (Last, First, Middle Initial) chael A. Dietrich	Date of Receipt		
Mailing	g Address 500 Interstate Boulevar		M M / D D / Y	
City		State	Zip Code	Transaction ID: 16080421
<u>Nash</u>	ville	TN	37210-4634	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		350.00
Tenne	of Employer essee Hospital Associ-	Occupation Assistant	Vice President	
<u>ation</u> Receir	ot For:		Year-to-Date V	
	Primary General Other (specify) ▼		350.00]
	ame (Last, First, Middle Initial) n Gann			Date of Receipt
Mailing	g Address P O Box 489			M M / D D / Y
City		State	Zip Code	Transaction ID: 16080423
<u>Harri</u>	man	TN	37748-0489	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		250.00
Name Roane	of Employer Medical Center	Occupation Administr		
Receip		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ♥		250.00]
	ame (Last, First, Middle Initial) omas H Gee			Date of Receipt
Mailing	g Address P O Box 1030			M / D D / Y
City		State	Zip Code	Transaction ID: 16080424
<u>Paris</u>		TN	38242-1030	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		350.00
Name Henry er	of Employer County Medical Cent-	Occupation Administr		
Receip	ot For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) v	0 0	350.00]
SUBTO	TAL of Receipts This Page (optional)			950.00
	This Period (last page this line number o			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James L. Goodloe	Date of Receipt		
	Mailing Address 500 Interstate Blvd. Sc		10 ^{//} 31 ^{//} 2008	
	City	State	Zip Code	Transaction ID: 16080425
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Tennessee Hospital Associ-	Occupatio Senior V	n ice President	
	ation Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		750.00]
В.	Full Name (Last, First, Middle Initial) Mr. Robert S. Gordon			Date of Receipt
	Mailing Address 7891 Cross Pike Drive			M M / D D / Y Y Y Y 10 31 2008
	City	State	Zip Code	Transaction ID: 16080426
	Germantown	TN	38138-8117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baptist Memorial Health Care Corporati Receipt For:	1 1	n e Vice President & CAO e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
C.	Full Name (Last, First, Middle Initial) Mr. Andrew Hall			Date of Receipt
	Mailing Address 1905 Amerian Way			10 ¹ / <u>YYYY</u> 12008
	City	State	Zip Code	Transaction ID: 16080427
	<u>Kingsport</u>	TN	37660-5882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Wellmont Health System	Occupatio Director,	ⁿ Community Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 600.00]
	SUBTOTAL of Receipts This Page (optional)			1850.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
⊻ A.	Full Name (Last, First, Middle Initial) Mr. Michael Huggins			Date of Receipt
	Mailing Address 500 Interstate Boulev	ard South		10 ^{//} 10 ^{//} 10 ^{//} 10 ^{//} 2008
	City	State	Zip Code	Transaction ID: 16080434
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Tennessee Hospital Associ-	Occupatio	n e Vice President & COO	
	ation Receipt For:		e Year-to-Date V	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	750.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Bill Jolley			Date of Receipt
	Mailing Address 500 Interstate Blvd., S	South		10 ¹
	City	State	Zip Code	Transaction ID: 16080435
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Tennessee Hospital Associ-	Occupatio Assistan	n t Vice President	
	ation Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		350.00]
- c.	Full Name (Last, First, Middle Initial) Mr. Wesley Littrell			Date of Receipt
	Mailing Address 2000 Church Street			10 ¹ 31 ² 2008
	City	State	Zip Code	Transaction ID: 16080436
	Nashville	TN	37236-0002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Hospital	Occupatio Chief Op	n berating Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		1350.00
┝	SUBTUTAL OF RECEIPTS THIS FAYE (OPTIONAL)			
	TOTAL This Period (last page this line number	er only)		

				FOR LINE NUMBER: PAGE 68 / 233		
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12		
			Detailed Summary Page			
	Any information copied from such Reports and S	Statements may	v not be sold or used by any perso			
	or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Janice M. McKinley, RN, FACHE			Date of Receipt		
	Mailing Address 939 Vista Oaks Lane			M M / D D / Y Y Y Y 10 31 2008		
	City	State	Zip Code	Transaction ID: 16080438		
	Knoxville	TN	37919-4445	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Parkwest Medical Center	Occupation		_		
	Receipt For:	1 1	sident & Chief Nursing Office Year-to-Date V			
	Primary General	Aggregate				
	Other (specify)	0 0	300.00			
в.	Full Name (Last, First, Middle Initial) Mr. Robert Otwell			Date of Receipt		
υ.	Mailing Address 1224 Trotwood Avenue	e		M M / D D / Y Y Y Y		
				10 31 2008		
	City	State	Zip Code	Transaction ID: 16080441		
	Columbia	TN	38401-4802	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Maury Regional Hospital	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General					
	Other (specify)	0 0	250.00			
C.	Full Name (Last, First, Middle Initial) Mr. Richard Parks	•		Date of Receipt		
	Mailing Address 708 West Forest Aven	iue				
	City	State	Zip Code	Transaction ID: 16080442		
	Jackson	TN	38301-3901	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer West Tennessee Healthcare	Occupation Presiden	n t, Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼		250.00			
				800.00		
	SUBTOTAL of Receipts This Page (optional)		····· •			
	TOTAL This Period (last page this line number only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 233 (check only one) Image: Check only one of the state of the st
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
	American Hospital Association PAC		1
Α.	Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut Mailing Address 1080 Cedar Drive		Date of Receipt
	Cedar Lake Estates		10 31 2008
	City Camden	State Zip Code TN 38320	Transaction ID: 16080443
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Baptist Memorial Hospital- Huntingdon	Occupation Vice Chair	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B.	Full Name (Last, First, Middle Initial) Mr. Carlyle L E Walton		Date of Receipt
	Mailing Address 401 Takoma Avenue		10 ^{M M} /2008
	City	State Zip Code	Transaction ID: 16080444
	Greeneville	TN 37743-4647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	225.00
	Name of Employer Takoma Regional Hospital	Occupation President	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) Image: Content of the specify of the specific of the specif	225.00	
с.	Full Name (Last, First, Middle Initial) Ms. Ellen Wilhoit		Date of Receipt
	Mailing Address P O Box 8005		M M / D D / Y Y Y Y Y 10 31 2008
	City	State Zip Code	Transaction ID: 16080445
	Sevierville	TN 37864-8005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	270.00
	Name of Employer Fort Sanders-Sevier Medic- al Center	Occupation President and Chief Administrative Off	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)	▶	745.00
	TOTAL This Period (last page this line number	only)	

				· · · · · · · · · · · · · · · · · · ·
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 233
			for each category of the Detailed Summary Page	(check only one)
	I EMIZED RECEIPIS			X 11a 11b 11c 12
-			, ,	13 14 15 16 17
	Any information copied from such Reports and Si			
	or for commercial purposes, other than using the	name and ac	Idress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr David Blackmon	Date of Receipt		
	Mailing Address P O Box 129			M M / D D / Y Y Y Y
				11 03 2008
	City	State	Zip Code	Transaction ID: 16080451
	Lawton	OK	73502-0129	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Comanche County Memorial	Occupatio	on	
	Comanche County Memorial Hospital	Chief Fi	nancial Officer	
	Receipt For:	Aggregat	e Year-to-Date 🔻	7
	Primary General	, iggi egu		1
	Other (specify)		500.00	
		0 0		
-	Full Name (Last, First, Middle Initial)			
В.	Ms. Patricia Davis			Date of Receipt
	Mailing Address 4414 Manchester Cour			
	Manny Refeese 4414 Manchester Oour	l l		11 03 2008
	City	State	Zip Code	Transaction ID: 16080452
	Norman	OK	73072-3915	Amount of Each Receipt this Period
			13012 3313	Amount of Lach Receipt this Fehou
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer Oklahoma Hospital Associa-	Occupatio	on	-
	Oklahoma Hospital Associa- tion	Executiv	ve Vice President	
	Receipt For:	Aggregat	e Year-to-Date 🔻	-
	Primary General	/ iggi egui		1
	Other (specify)		620.00	
		0 0		
-	Full Name (Last, First, Middle Initial)			
C.	Ms. Cynthia Duncan			Date of Receipt
	Mailing Address 1115 East Jasmine			M M / D D / Y Y Y Y
				11 03 2008
	City	State	Zip Code	Transaction ID: 16080453
	Frederick	OK	73542-4020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital and Phy-	Occupatio	on	
	Memorial Hospital and Phy- sician Group	Director	, Human Resources	
	Receipt For:	Aggregat	e Year-to-Date 🔻	1
	Primary General	39.594		1
	Other (specify)		250.00	
				* I
Г		1		
	SUBTOTAL of Receipts This Page (optional)			1000.00
Ļ	GODICIAL OF HECEIPIS THIS Fage (Optional)		•	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 233 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
Α.	Ms. Shelly Dunham Mailing Address PO Box 544		Date of Receipt
	City	State Zip Code	1 1 0 3 2 0 0 8 Transaction ID: 16080454
	Okeene	OK 73763-0544	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21.00
	Name of Employer Okeene Municipal Hospital	Occupation Chief Executive Officer	-
	Receipt For:	Aggregate Year-to-Date ▼ 208.00	
в.	Full Name (Last, First, Middle Initial) Ms. Linda Jones		Date of Receipt
	Mailing Address 122 North 12th Street		M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	City	State Zip Code	Transaction ID: 16080457
	Frederick FEC ID number of contributing federal political committee.	OK 73542-5629	Amount of Each Receipt this Period
	Name of Employer Memorial Hospital and Phy- sician Group	Occupation Nursing Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Mr. Charles E Skillings	I	Date of Receipt
	Mailing Address 1102 West MacArthur	Street	M M / D D / Y Y Y Y 111 03 2008
	City	State Zip Code	Transaction ID: 16080459
	Shawnee FEC ID number of contributing federal political committee.	OK 74804-1744	Amount of Each Receipt this Period
	Name of Employer Unity Health Center	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		771.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 233 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Gloria Thurman		Date of Receipt
	Mailing Address 319 East Josephine	M M / D D / Y Y Y Y 1 1 1 0 3 2 0 0 8	
	City	State Zip Code	Transaction ID: 16080460
	Frederick	OK 73542-2220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Memorial Hospital and Phy- sician Group	Occupation Administrator	-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Karen S. Cole		Date of Receipt
	Mailing Address 3900 East 10th Street		M M / D D Y
	City	State Zip Code	Transaction ID: 16080472
	Trenton	MO 64683-9529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Wright Memorial Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	500.00	
C.	Full Name (Last, First, Middle Initial) Ms. Karen Nelson		Date of Receipt
	Mailing Address 2 Stonehedge Drive		M M / D D / Y Y Y Y 10 29 2008
	City	State Zip Code	Transaction ID: 16080477
	Wilmington	MA 01887-3190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Massachusetts Hospital As- sociation	Occupation Senior Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	·····	1250.00
	TOTAL This Period (last page this line number	only)	
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 233
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	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Paulette A Route	Date of Receipt	
	Mailing Address 104 Kendall Hill Road	M M / D D / Y Y Y Y 11 0 3 2008	
	City	State Zip Code	Transaction ID: 16081091
	Sterling	MA 01564-1533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	350.00
	Name of Employer Massachusetts Organization	Occupation President-elect	
	of Nurse Ex Receipt For:	Aggregate Year-to-Date V	
	Primary General	350.00	
	Other (specify) v		
в.	Full Name (Last, First, Middle Initial) Mr. Peter B Davis		Date of Receipt
	Mailing Address 172 Kinsley Street		M M / D D / Y
	City	State Zip Code	Transaction ID: 16081092
	Nashua	NH 03060-3648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Joseph Hospital	Occupation President and Chief Executive Office	er (
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
C.	Full Name (Last, First, Middle Initial) Mr Michael C Rogers		Date of Receipt
	Mailing Address 5565 Sterrett Place, 5th	n Floor	M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8
	City Columbia	State Zip Code MD 21044-2665	Transaction ID: 16081098 Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		250.00
	Name of Employer MedStar Health	Occupation Executive VP, Corporate Services	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00]
			1100.00
	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 233 (check only one) X X 11a 11b 11c
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Jeffrey J Pargament Mailing Address 9312 Falls Bridge Ln		Date of Receipt
			11 03 2008
	City	State Zip Code	Transaction ID: 16081099
	Potomac	MD 20854-3950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Shady Grove Adventist Hos- pital	Occupation Trustee	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Mr. John R. Broberg		Date of Receipt
	Mailing Address 2806 Cedarsprings La	M M / D D / Y Y Y Y 11 03 2008	
	City	State Zip Code	Transaction ID: 16081691
	Wamego	KS 66547-9503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Wamego City Hospital	Occupation CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Jonathan S Davis, , FACHE		Date of Receipt
	Mailing Address 1102 E. Centennial		M M / D D / Y Y Y Y 111 03 2008
	City	State Zip Code	Transaction ID: 16081701
	Pittsburg	KS 66762-6643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mt. Carmel Regional Medic- al Center	Occupation President and Chief Executive Officer	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	······	750.00
	TOTAL This Period (last page this line number	only)	

~			FOR LINE NUMBER: PAGE 75 / 233
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
A	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pers	son for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
× ک	Full Name (Last, First, Middle Initial) Mr. Robert L Driewer, , CHE		Date of Receipt
	Mailing Address 1201 W. 12th Avenue	M M / D D / Y Y Y Y 111 03 2008	
	City	State Zip Code	Transaction ID: 16081703
	<u>Emporia</u>	KS 66801-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Newman Regional Health	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		-1
	Other (specify)	250.00	
. –	Full Name (Last, First, Middle Initial) Mr. Dennis L George	•	Date of Receipt
	Mailing Address 801 N Fourth		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State Zip Code	Transaction ID: 16081710
	Burlington	KS 66839-0189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Coffey County Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
_	Full Name (Last, First, Middle Initial) Mr. William K Mahoney		Date of Receipt
	Mailing Address 511 Cedar Cove		1 1 0 3 2 0 0 8
	City	State Zip Code	Transaction ID: 16081736
	Parsons	KS 67357-2256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Labette Health	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

				FOR LINE NUMBER: PAGE 76 / 233
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
			for each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
Γ	Any information copied from such Reports and S	Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer			Date of Receipt
	Mailing Address 26342 W 110th Terrac	се		M M / D D / Y Y Y Y 11 03 2008
	City	State	Zip Code	Transaction ID: 16081741
	Olathe	KS	66061-8413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lawrence Memorial Hospital	Occupatio Presiden	n It and Chief Executive Office	
	Receipt For:		e Year-to-Date V	-
	Primary General			1
	Other (specify)	0 0	250.00	
- B.	Full Name (Last, First, Middle Initial) Ms. Joyce Portela			Date of Receipt
	Mailing Address 9632 Zarda Drive			M M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 16081759
	Lenexa	KS	66227-7205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shawnee Mission Medical	Occupatio	n	
	Center	Chief Op	perating Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		250.00	1
_		0.0		1
с.	Full Name (Last, First, Middle Initial) Mr. Samuel H Turner, , Sr.			Date of Receipt
0.	Mailing Address 11408 Fontana Court			
				11 03 2008
	City	State	Zip Code	Transaction ID: 16082121
	Leawood	KS	66211-1344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Shawnee Mission Medical Center	Occupatio Chief Ex	n ecutive Officer	-
	Receipt For:		e Year-to-Date V	1
	Primary General	33 - 34		1
	Other (specify)		225.00	1
ſ	SUBTOTAL of Receipts This Page (optional)			725.00
┝	SUBTUTAL OF NECEPTS THIS Page (optional)		••••••	
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 233 (check only one)
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Edward Johnson Mailing Address 114 Woodland Street		Date of Receipt
	City	State Zip Code	Transaction ID: 16082168
	Hartford	CT 06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Francis Care	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert J. Falaguerra		Date of Receipt
	Mailing Address 114 Woodland Street		M M / D D / Y Y Y Y 1 1 / 04 / 2008
	City	State Zip Code	Transaction ID: 16082169
	Hartford FEC ID number of contributing federal political committee.	CT 06105-1208	Amount of Each Receipt this Period
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice President Plant Operation	_
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 250.00	
C.	Full Name (Last, First, Middle Initial) Mr David A Whitehead		Date of Receipt
	Mailing Address 326 Washington Street		M M / D D / Y Y Y Y 11 1 04 2008
	City	State Zip Code	Transaction ID: 16082170
	Norwich FEC ID number of contributing federal political committee.	CT 06360-2733	Amount of Each Receipt this Period 350.00
	Name of Employer The William W. Backus Hos- pital Receipt For: Primary General Other (specify) ▼	Occupation Vice President Planning Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	•••••••	850.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 233 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	13 14 15 16 17 for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Lugene Inzana Mailing Address 113 Nolan Drive		Date of Receipt
			1 1 0 4 Y Y Y Y 1 1 1 0 4 2 0 0 8
	City	State Zip Code	Transaction ID: 16082171
	Allegany	NY 14706-1114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Lawrence & Memorial Hospi- tal	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	
в.	Full Name (Last, First, Middle Initial) Mr Steven Rosenberg		Date of Receipt
	Mailing Address 114 Woodland Street		M M / D D / Y Y Y Y 1 1 0 4 2 0 0 8
	City	State Zip Code	Transaction ID: 16082172
	Hartford	CT 06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vice President and Chief Finan	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Bernard A. Clark, III		Date of Receipt
	Mailing Address 93 Johnny Cake Lane		1 1 / D D / Y Y Y Y 1 1 1
	City	State Zip Code	Transaction ID: 16082173
	Glastonbury	CT 06033-2545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Chairman, Dept. of Medicine	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	▶	850.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 233 (check only one) I1a X 11a 11b 11c			
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	13 14 15 16 17 a for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. William Godburn Mailing Address 114 Woodland Street	Mr. William Godburn				
			M M / D D / Y			
	City	State Zip Code	Transaction ID: 16082174			
	Hartford	CT 06105-1208	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice President Revenue Managment				
	Receipt For:	Aggregate Year-to-Date ▼				
	Other (specify) ▼	250.00				
в.	Full Name (Last, First, Middle Initial) Mr. Patrick Charmel		Date of Receipt			
	Mailing Address 130 Division Street		1 1 / D D / Y Y Y Y 1 1 1 0 4 2008			
	City	State Zip Code	Transaction ID: 16082175			
	Derby	CT 06418-1326	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	350.00			
	Name of Employer Griffin Hospital	Occupation President and Chief Executive Officer				
	Receipt For:	Aggregate Year-to-Date				
	Other (specify)	350.00				
C.	Full Name (Last, First, Middle Initial) Mr Daniel E Lohr		Date of Receipt			
	Mailing Address 326 Washington Street		M M / D D / Y Y Y Y 111 04 2008			
	City	State Zip Code	Transaction ID: 16082176			
	Norwich	CT 06360-2733	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	350.00			
	Name of Employer The William W. Backus Hos- pital	Occupation Senior Vice President and Chief Finan	q			
	Receipt For:	Aggregate Year-to-Date 🔻				
	Other (specify) ▼	350.00				
	SUBTOTAL of Receipts This Page (optional)	•	950.00			
	TOTAL This Period (last page this line number of	only)				

~				FOR LINE NUMBER: PAGE 80 / 233
	CHEDULE A (FEC Form 3X)		eparate schedule(s) ch category of the	(check only one)
11	TEMIZED RECEIPTS		ed Summary Page	X 11a 11b 11c 12
Δ	ny information copied from such Reports and Si	atements may not be a	and or used by any percent	13 14 15 16 17
0	r for commercial purposes, other than using the	name and address of a	ny political committee to	solicit contributions from such committee
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
\. \.	Full Name (Last, First, Middle Initial) Dr. Peter N Herbert, , M.D.			Date of Receipt
۱.	Mailing Address 789 Howard Avenue			
	<u></u>) ada	11 04 2008
	City New Haven	State Zip C CT 065	Jode 19-1304	Transaction ID: 16082177 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		350.00
	Name of Employer Yale New Haven Health Sys-	Occupation		1
	tem	Senior Vice Presi	dent Medical Affairs	_
	Receipt For:	Aggregate Year-to-D	Date V	
	Primary General Other (specify)		350.00	
_	· · · · · · · · · · · · · · · · ·			
. —	Full Name (Last, First, Middle Initial) Mr. Mark L. Anderson			Date of Receipt
•	Mailing Address 10 Daffodil Lane			M M / D D / Y Y Y Y
				11 04 2008
	City New Haven	State Zip C CT 0680	Code 07-1409	Transaction ID: 16082178
			J/-1403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Yale New Haven Health Sys-	Occupation		1
	tem	Sr. Vice Presiden		_
	Receipt For: Primary General	Aggregate Year-to-E	Date 🔻	
	Other (specify)		350.00	
			<u> </u>	
	Full Name (Last, First, Middle Initial) Mr. Vincent Petrini			Date of Receipt
	Mailing Address 20 York Street			M M / D D / Y Y Y Y
	City	State Zip C	Code	1 1 0 4 2 0 0 8 Transaction ID: 16082179
	New Haven	•	10-3220	Amount of Each Receipt this Period
	FEC ID number of contributing	C		350.00
	federal political committee.			
	Name of Employer Yale New Haven Health Sys-	Occupation		
	tem Receipt For:	Senior VP Aggregate Year-to-E		-1
	Primary General	Ayyreyale rear-lo-L		
	Other (specify) ▼	0 0 0 0	350.00	
Г				
	SUBTOTAL of Receipts This Page (optional)			1050.00
\vdash	,			
	FOTAL This Period (last page this line number	only)	►	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 233
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			, 3	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Richard D'Aquila			Date of Receipt
	Mailing Address 789 Howard Avenue	M M / D D / Y Y Y Y 111 04 2008		
	City	State	Zip Code	Transaction ID: 16082180
	New Haven	СТ	06519-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer	Occupatio	n	1
	Yale New Haven Health Sys- tem	Executiv	e Vice President and Chief O	pe
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			
	Other (specify)		350.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr Vincent Capece			Date of Receipt
	Mailing Address 28 Crescent Street			M M / D D / Y Y Y Y 1 1 0 4 2008
	City	State	Zip Code	Transaction ID: 16082181
	Middletown	СТ	06457-3650	Amount of Each Receipt this Period
	FEC ID number of contributing	•		050.00
	federal political committee.	C		350.00
	Name of Employer	Occupatio	n	-
	Middlesex Hospital		sident Finance and Treasure	·
	Receipt For:		e Year-to-Date 🔻	_
	Primary General	riggrogate		
	Other (specify)		350.00	
C.	Full Name (Last, First, Middle Initial) Mr. Stephen A. Frayne			Date of Receipt
0.	Mailing Address 411 Old Sherman Hill I	Pood		
	Maining Address 411 Old Sherman Hill P	nuau		11 04 2008
	City	State	Zip Code	Transaction ID: 16082182
	Woodbury	СТ	06798-4003	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupatio	n	7
	Connecticut Hospital Asso- ciation	Senior V	ice President, Health Policy	
	Receipt For:		e Year-to-Date 🔻	
	Primary General	33 3		
	Other (specify)		500.00	
	SUBTOTAL of Descripto This Dags (options)			1200.00
	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		I	FOR LINE NUMBER: PAGE 82/233
	•	Use separate so for each categor		(check only one)
	ITEMIZED RECEIPTS	Detailed Summa	·	X 11a 🗌 11b 🗌 11c 🔲 12 🔄
F			, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or use name and address of any politica	d by any person I committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler	Date of Receipt		
	Mailing Address 31 Prospect Place			M M / D D / Y Y Y Y 111 04 2008
	City	State Zip Code		Transaction ID: 16082183
	Bristol	CT 06010-5045		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0	500.00
	Name of Employer	Occupation		-
	Connecticut Hospital Asso- ciation	Vice President		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General		500.00	
	Other (specify)	0 0 0 0 0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Mr. Clarence J Silvia			Date of Receipt
	Mailing Address 81 Meriden Avenue			M M / D D / Y Y Y Y 111 04 2008
	City	State Zip Code		Transaction ID: 16082184
	<u>Southington</u>	CT 06489-3268		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Bradley Memorial Hospital and Health C	Occupation President and Chief Exec	utive Officer	
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General Other (specify) ▼		350.00	
-	Full Name (Last, First, Middle Initial)			
C.	Mr David R Newton			Date of Receipt
	Mailing Address P O Box 100			M M / D D Y
	City	State Zip Code		Transaction ID: 16082185
	New Britain	CT 06050-0100		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer New Britain General Hospi- tal	Occupation Senior Vice President Fin	ance and Chi	- ie
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General Other (specify) ▼		350.00	
ſ				1200.00
ļ	SUBTOTAL of Receipts This Page (optional)		•••••	1200.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	for the purpose of soliciting contributions				
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Steven A. Godfrey Mailing Address Post Office Box 100	Mr. Steven A. Godfrey				
			1 1 0 4 2 0 0 8			
	City New Britain	State Zip Code CT 06050-4000	Transaction ID: 16082186			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00			
	Name of Employer Central Connecticut Health Alliance	Occupation VP Payer Relations/ Gov Affairs				
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 350.00				
	Full Name (Last, First, Middle Initial)					
в.	Dr Steven D Hanks, , M.D. Mailing Address P O Box 100		Date of Receipt M M / D D / Y Y Y Y 1 1 0 4 2 0 0 8			
	City	State Zip Code	Transaction ID: 16082187			
	New Britain	CT 06050-0100	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	350.00			
	Name of Employer New Britain General Hospi- tal	Occupation Senior Vice President Medical Affairs				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ♥ 350.00				
C.	Full Name (Last, First, Middle Initial) Ms Hope Juckel-Regan, , R.N.		Date of Receipt			
	Mailing Address P O Box 5000		M M / D D / Y Y Y Y 11 0 4 2008			
	City Bridgeport	State Zip Code CT 06610-5000	Transaction ID: 16082188			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00			
	Name of Employer Bridgeport Hospital	Occupation Executive Vice President and Chief Op	- 			
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 350.00				
	SUBTOTAL of Receipts This Page (optional)	•	1050.00			
	TOTAL This Period (last page this line number	only) 🕨				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 233 (check only one) 11a X 11a 11b I3 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
А.	Full Name (Last, First, Middle Initial) Mr. Paul F. Pendergast Mailing Address 95 Woodland Street City	State Zip Code	Date of Receipt $ \begin{array}{c c} M & M \\ 1 & 1 \end{array} $ $ \begin{array}{c} D & D \\ 0 & 4 \end{array} $ $ \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{array} $ Transaction ID: 16082190
	Hartford FEC ID number of contributing federal political committee.	CT 06105-1230	Amount of Each Receipt this Period
	Name of Employer Saint Francis Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation President & Chief Development Officer Aggregate Year-to-Date ▼ 250.00	- r -
В.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hanley Mailing Address 349 East Street		Date of Receipt
	City	State Zip Code	Transaction ID: 16082191
	Hebron	CT 06248-1102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Administrator, Liaison Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Kevin Reynolds		Date of Receipt
	Mailing Address 280 Steele Road		M M / D D / Y Y Y Y 1 1 0 4 2008
	City	State Zip Code	Transaction ID: 16082192
	West Hartford FEC ID number of contributing federal political committee.	CT 06117-2743	Amount of Each Receipt this Period
	Name of Employer Saint Francis Care, Inc.	Occupation Trustee	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
	SUBTOTAL of Receipts This Page (optional)	▶	750.00
	TOTAL This Period (last page this line number	only)	

ç	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 233
			Use separate schedule(s) for each category of the	
•			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
[Any information copied from such Reports and Si	n for the purpose of soliciting contributions		
N	or for commercial purposes, other than using the	e name and addre	ss of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	American nospital Association 1 Ao			
Α.	Full Name (Last, First, Middle Initial) Ms. Mary E. Inguanti	Date of Receipt		
	Mailing Address 114 Woodland Street			M M / D D / Y Y Y Y 11 04 2008
	City	State	Zip Code	Transaction ID: 16082193
	Hartford	СТ	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Care, Inc.	Occupation		
	·	Vice Presid		_
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Other (specify)	250.00		
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Christopher Hartley			Date of Receipt
	Mailing Address 114 woodland Street			1 1 0 4 Y Y Y Y 1 1 1 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 16082194
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Hospital and	Occupation		
	Medical Cen Receipt For:	Sr Vice Pre	ear-to-Date V	-
	Primary General	Aggregate re		1
	Other (specify)		500.00	
– c.	Full Name (Last, First, Middle Initial) Ms Kathleen DeMatteo	1		Date of Receipt
	Mailing Address 114 Woodland Street			
	City	State	Zip Code	Transaction ID: 16082195
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital and	Occupation Chief Inform	nation Officer and Vice Pr	
	Medical Cen Receipt For:	1 1	ear-to-Date V	
	Primary General	33 - 3	250.00	1
	Other (specify)			
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		

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	SCHEDULE A (FEC Form 3X)		Lico concrete achadula(a)	FOR LINE NUMBER: PAGE 86 / 233		
	· · ·		Use separate schedule(s) for each category of the	(check only one)		
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Page			
Γ	Any information copied from such Reports and S	on for the purpose of soliciting contributions				
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.		
N	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
× ×	Full Name (Last, First, Middle Initial)					
Α.	Mr. James W. Schepker	Date of Receipt				
	Mailing Address 115 Mountain Terrace	M M / D D / Y Y Y Y				
		11 04 2008				
	City	State	Zip Code	Transaction ID: 16082197		
	West Hartford	СТ	06107-1547	Amount of Each Receipt this Period		
		•				
	FEC ID number of contributing federal political committee.	С		250.00		
	rederal political committee.					
	Name of Employer Saint Francis Hospital and	Occupatio	on			
	Saint Francis Hospital and Medical Cen	· · ·	sident Communications			
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date V			
	Primary General	, iggregat	250.00	-		
	Other (specify)					
		-				
-	Full Name (Last, First, Middle Initial)					
В.	Jeffrey Steinberg			Date of Receipt		
0.	Mailing Address 114 Woodland Street					
		11 04 2008				
	City	State	Zip Code	Transaction ID: 16082199		
	Hartford	CT	06105-1208			
		01	00103-1208	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee			250.00		
	federal political committee.					
	Name of Employer	Occupatio	on	-		
	Name of Employer Saint Francis Hospital and Medical Cen		an of Surgery			
	Receipt For:	1 1	e Year-to-Date V			
	Primary General	riggregat		-		
	Other (specify)		250.00			
		0.0		-		
-	Full Name (Last, First, Middle Initial)	1				
C.	Mr. Donald Straceski			Date of Receipt		
	Mailing Address 114 Woodland Street			M M / D D / Y Y Y Y		
				11 04 2008		
	City	State	Zip Code	Transaction ID: 16082200		
	Hartford	СТ	06105-1208	Amount of Each Receipt this Period		
	FEC ID number of contributing		0 0 0 0 0			
	federal political committee.	C		250.00		
	lodoral political committee.					
	Name of Employer Saint Francis Hospital and	Occupatio	on			
	Medical Cen	Vice Pre	esident Fiancial Management			
	Receipt For:	Aggregat	e Year-to-Date 🔻			
	Primary General					
	Other (specify)		250.00			
				-		
Г		•				
	SUBTOTAL of Receipts This Page (optional)			750.00		
Ļ	GODI OTAL OF RECEIPTS THIS Fage (optional)					
	TOTAL This Period (last page this line number	only)				

			i	FOR LINE NUMBER: PAGE 87 / 233
	SCHEDULE A (FEC Form 3X)	Use separate sch		(check only one)
	ITEMIZED RECEIPTS	for each category Detailed Summar		X 11a $11b$ 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen W Larcen, , Ph.D.	Date of Receipt		
	Mailing Address 189 Storrs Road	M M / D D Y		
	City	State Zip Code		Transaction ID: 16082202
	Mansfield Center	CT 06250-1638		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Natchaug Hospital	Occupation President and Chief Execut	tive Officer	-
	Receipt For:	Aggregate Year-to-Date V		4
	Primary General		350.00	
	Other (specify) ▼			
в.	Full Name (Last, First, Middle Initial) Mr. Thomas P Pipicelli			Date of Receipt
	Mailing Address 326 Washington Stree	M M / D D / Y Y Y Y 1 1 0 4 2008		
	City		Transaction ID: 16082203	
	Norwich	CT 06360-2740		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The William W. Backus Hos- pital	Occupation President and Chief Execu-	tive Officer	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		500.00	
С.	Full Name (Last, First, Middle Initial) Peter Fraser			Date of Receipt
	Mailing Address 155 Main Street			M M / D D / Y Y Y Y 11 04 2008
	City	State Zip Code		Transaction ID: 16082227
	South Glastonbury	CT 06073-3004		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	350.00
	Name of Employer Lawrence & Memorial Hospi- tal	Occupation VP & Chief Human Resour	rces Officer	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		350.00	
	SUBTOTAL of Receipts This Page (optional)			1200.00
	CODICIAL OF RECEIPTS THIS Fage (Optional)		····· •	
	TOTAL This Period (last page this line number	only)	►	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 233					
	ITEMIZED RECEIPTS	for each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and S or for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas G. Breitenbach							
	Mailing Address 250 Southview Road	M M / D D / Y Y Y Y 111 04 2008						
	City	State Zip Code	Transaction ID: 16082548					
	Dayton	OH 45419-3326	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Premier Health Partners	Occupation President and CEO						
	Receipt For:	Aggregate Year-to-Date V						
	Primary General	250.00						
	Other (specify)							
в.	Full Name (Last, First, Middle Initial) Mr. Ronald J Bachman		Date of Receipt					
	Mailing Address 1000 McKinley Park Dr	M M / D D / Y Y Y Y 111 04 2008						
	City	State Zip Code	Transaction ID: 16082572					
	Marion	OH 43302-6397	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Marion General Hospital	Occupation President and Chief Executive Officer						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	250.00						
C.	Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing		Date of Receipt					
	Mailing Address 750 Fairview Drive							
	City	State Zip Code	Transaction ID: 16082574					
	Lancaster	OH 43130-3313	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	50.00					
	Name of Employer Fairfield Medical Center	Occupation President and Chief Executive Officer						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	300.00						
	SUBTOTAL of Receipts This Page (optional)		550.00					
	TOTAL This Period (last page this line number	only) 🕨						

				FOR LINE NUMBER: PAGE 89	/ 233			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	200			
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	2			
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	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contribution o solicit contributions from such committee	ons ee.					
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
A.	Full Name (Last, First, Middle Initial) Mr. Kevin C Martin	Date of Receipt						
	Mailing Address 630 East River Street	M M / D D / Y Y Y 111 04 200						
	City	State	Zip Code	Transaction ID: 16082577				
	<u>Elyria</u>	OH	44035-5902	Amount of Each Receipt this Perio	bd			
	FEC ID number of contributing federal political committee.	C		500	.00			
	Name of Employer EMH Regional Medical Cent-	Occupation	n t and Chief Executive Offic					
	er Receipt For:		Year-to-Date V	51				
	Primary General	Aggregate		-				
	Other (specify)	0 0	500.00					
в.	Full Name (Last, First, Middle Initial) Mr. Edward J Roth, III			Date of Receipt				
	Mailing Address 2600 Sixth Street SW	M M / D D / Y Y Y 111 04 200						
	City	State	Zip Code	Transaction ID: 16082580	Transaction ID: 16082580			
	<u>Canton</u>	OH	44710-1702	Amount of Each Receipt this Perio	bd			
	FEC ID number of contributing federal political committee.	C		250	.00			
	Name of Employer Aultman Hospital	Occupation President	n t and Chief Executive Offic	er				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		250.00]				
- с.	Full Name (Last, First, Middle Initial) Ms. Anne Gunther	1		Date of Receipt				
0.	Mailing Address 316 Aspen Dr.			1 1 0 4 2 0 0				
	City	State	Zip Code	Transaction ID: 16082586				
	Dover	OH	44622-9497	Amount of Each Receipt this Perio	bd			
	FEC ID number of contributing federal political committee.	C		125	.00			
	Name of Employer Aultman Hospital	Occupation Vice Pres	n sident, Heart Services	_				
	Receipt For:	1 1	Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	265.00					
[I		875.	.00			
ļ	SUBTOTAL of Receipts This Page (optional)							
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 233					
	ITEMIZED RECEIPTS		for each category of the	(check only one)					
			Detailed Summary Page						
	Г			13 14 15 16 17					
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC								
Α.	Full Name (Last, First, Middle Initial) Mr. Kenneth E. Alexander			Date of Receipt					
	Mailing Address 9521 Brookline Avenue)		M M / D D / Y Y Y Y 111 05 2008					
	City	State	Zip Code	Transaction ID: 16082592					
	Baton Rouge	LA	70809-1431	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Louisiana Hospital Associ-	Occupation	on Iity and Regulatory Activities						
	ation Receipt For:	-	e Year-to-Date 🔻	-1					
	Primary General	Ayyreyall		1					
	Other (specify)		500.00						
		0 0		1					
в.	Full Name (Last, First, Middle Initial) Mr. Wayne M Arboneaux			Date of Receipt					
р.									
	Mailing Address 135 Highway 402								
	City	State	Zip Code	Transaction ID: 16082593					
	Napoleonville	LA	70390-2217	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Assumption Community Hosp-	Occupatio Chief Ex	on ecutive Officer						
	ital Receipt For:		e Year-to-Date 🔻	_					
	Primary General	Ayyreyall		1					
	Other (specify) ▼	0 0	500.00						
C.	Full Name (Last, First, Middle Initial) Mr. Bryan Day			Date of Receipt					
9.	Mailing Address 211 Fourth Street, 5th I	Floor		M M / D D / Y Y Y Y					
	City	State	Zip Code	1 1 0 5 2 0 0 8 Transaction ID: 16082594					
	Alexandria	LA	71301-5312	Amount of Each Receipt this Period					
	FEC ID number of contributing		0 0 0 0 0						
	federal political committee.	C		500.00					
	Name of Employer	Occupatio	n						
	Riverside Hospital of Lou- isiana	Administ	trator						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General	33 - 3		1					
	Other (specify)	0 0	500.00						
	SUBTOTAL of Receipts This Page (optional)			1500.00					
			· · · ·						
	TOTAL This Period (last page this line number of	only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 233 (check only one)				
			for each category of the					
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Γ	An information pariod from such Departs and C							
	Any information copied from such Reports and S or for commercial purposes, other than using the	solicit contributions from such committee.						
ł		NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC							
, v	Full Name (Last, First, Middle Initial)							
Α.	Ms. Teri G Fontenot, , FACHE			Date of Receipt				
	Mailing Address P O Box 95009							
	0.1	Otata	7	11 05 2008				
	City	State	Zip Code	Transaction ID: 16082595				
	Baton Rouge	LA	70895-9009	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		500.00				
	federal political committee.							
	Name of Employer Woman's Hospital	on	-					
	Woman's Hospital	Presider	nt and Chief Executive Officer	r				
	Receipt For:	Aggregat	e Year-to-Date 🔻					
	Primary General		500.00	1				
	Other (specify)							
-								
_	Full Name (Last, First, Middle Initial)							
В.	Mr. Larry Graham			Date of Receipt				
	Mailing Address 1701 Oak Park Boulev	1 1 0 5 2 0 0 8						
	City	State	Zip Code	Transaction ID: 16082596				
	Lake Charles	LA	70601-8911	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Lake Charles Memorial Hos-	Occupatio						
	pital		ecutive Officer					
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻					
	Other (specify)		500.00					
			0 0 0 0 0 0 0	1				
-	Full Name (Last, First, Middle Initial)							
C.	Mr. Robert L Hawley, , Jr., FAC			Date of Receipt				
	Mailing Address 1001 Gause Boulevard	ł		M M / D D / Y Y Y Y				
				11 05 2008				
	City	State	Zip Code	Transaction ID: 16082597				
	Slidell	LA	70458-2987	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		500.00				
	federal political committee.							
	Name of Employer Slidell Memorial Hospital	Occupatio	n	-				
	Slidell Memorial Hospital	Chief Ex	ecutive Officer					
	Receipt For:	Aggregat	e Year-to-Date 🔻					
	Primary General			1				
	Other (specify)		500.00]]				
				1500.00				
	SUBTOTAL of Receipts This Page (optional)			1500.00				
Ī								
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s for each category of the) FOR LINE NUMBER: PAGE 92 / 233 (check only one)					
	ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
	Any information copied from such Reports and St or for commercial purposes, other than using the	person for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE							
	Mailing Address P O Box 2511		1 1 / D D / Y Y Y Y 1 1 1 / D 5 / 2008					
	City	State Zip Code	Transaction ID: 16082598					
	Baton Rouge	LA 70821-2511	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer Baton Rouge General Medic-	Occupation						
	al Center	President and Chief Executive Of	ficer					
	Receipt For: Primary General	Aggregate Year-to-Date ▼						
	Other (specify) ▼	500.00						
в.	Full Name (Last, First, Middle Initial) Mr. Mark E Marley, , CHE		Date of Receipt					
	Mailing Address P O Box 2009		M M / D D / Y Y Y Y 1 1 05 2008					
	City	State Zip Code	Transaction ID: 16082599					
	Natchitoches	LA 71457-2009	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	500.00						
	Name of Employer Natchitoches Regional Med- ical Center	Occupation Chief Executive Officer						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	500.00						
C.	Full Name (Last, First, Middle Initial) Dr. Mark J. Peters, M.D.		Date of Receipt					
	Mailing Address 590 Burr Oak Drive		M M / D D / Y Y Y Y 1 1 0 5 / 2 0 0 8					
	City	State Zip Code	Transaction ID: 16082600					
	Tipp City	OH 45371-2738	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer East Jefferson General Ho- spital	Occupation President and CEO						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	500.00						
	SUBTOTAL of Receipts This Page (optional)		1500.00					
	TOTAL This Period (last page this line number of							

				FOR LINE NUMBER: PAGE 93/233				
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)				
			for each category of the Detailed Summary Page	X 11a 11b 11c 12				
r		13 14 15 16 17						
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s						
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
A.	, Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA	Date of Receipt						
	Mailing Address 9521 Brookline Avenu	Ie		1 1 0 5 Y Y Y Y Y 1 1 1 0 5 2 0 0 8				
	City	State	Zip Code	Transaction ID: 16082601				
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Louisiana Hospital Associ-	Occupatio Senior V	n /ice President	_				
	ation Receipt For:		e Year-to-Date					
	Primary General	Aggregat	1					
	Other (specify)							
В.	Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE			Date of Receipt				
	Mailing Address P O Box 1901	1 1 0 5 2 0 0 8						
	City	State	Zip Code	Transaction ID: 16082602				
	Monroe	LA	71210-1901	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer St. Patrick's Psychiatric Hospital	Occupatio Chief Ex	on ecutive Officer					
	Receipt For:	- I	e Year-to-Date 🔻					
	Primary General		500.00					
	Other (specify)							
с.	Full Name (Last, First, Middle Initial) Mr Warner L Thomas	•		Date of Receipt				
	Mailing Address 1514 Jefferson Highwa	ay		M M / D D / Y Y Y Y 11 05 2008				
	City	State	Zip Code	Transaction ID: 16082603				
	New Orleans	LA	70121-2484	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Ochsner Medical Center	Occupatio Presiden	on It and Chief Operating Office	er				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼	0 0	500.00]				
	SUBTOTAL of Receipts This Page (optional)			1500.00				
	TOTAL This Period (last page this line number							
		• ·	· · · · · · · · · · · · · · · · · · ·					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 233 (check only one) X X 11a 11b 11c 12		
	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Steve Worley		Date of Receipt		
	Mailing Address 200 Henry Clay Avenue	9	1 1 0 5 Y Y Y Y 1 1 0 5 D 1 0 5 D 1 0 0 5 D 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	City	State Zip Code	Transaction ID: 16082604		
	New Orleans	LA 70118-5798	_ Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		500.00		
	Name of Employer Children's Hospital	Occupation President and Chief Executive Officer			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼				
В.	Full Name (Last, First, Middle Initial) Mr. William F Barrow, II		Date of Receipt		
	Mailing Address 611 St Landry St	M M / D D / Y Y Y Y 1 1 1 05 2008			
	City	State Zip Code	Transaction ID: 16082605		
	Lafayette	LA 70506	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer Our Lady of Lourdes Regio- nal Medical C	Occupation President and Chief Executive Officer			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	250.00			
C.	Full Name (Last, First, Middle Initial) Mr. James E Cathey, , Jr.		Date of Receipt		
	Mailing Address P O Box 2668				
	City	State Zip Code	Transaction ID: 16082606		
		LA 70404-2668	_ Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer North Oaks Medical Center	Occupation Chief Executive Officer			
	Receipt For: Primary General	Aggregate Year-to-Date 🔻			
	Other (specify) ▼	250.00			
	SUBTOTAL of Receipts This Page (optional)		1000.00		
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $95/233$ (check only one)(check only one)X11a11b1314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Tim Coffey Mailing Address 3920 St Philippe Dr City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hos- pital	State LA C Occupatio Senior V	Zip Code 70605 n ice President Operations	Date of Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
- В.	Full Name (Last, First, Middle Initial) Mr Bill Davis Mailing Address 1001 Gause Boulevard	1		Date of Receipt
	City <u>Slidell</u> FEC ID number of contributing federal political committee. Name of Employer Slidell Memorial Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 70458-2939 n hancial Officer e Year-to-Date 250.00	Transaction ID: 16082608 Amount of Each Receipt this Period 250.00
- C.	Full Name (Last, First, Middle Initial) Mr. Todd Delahoussaye Mailing Address 1701 Oak Park Boulev	ard	0 0 0 0 0 0 0 0 0	Date of Receipt
	City Lake Charles FEC ID number of contributing federal political committee.	State LA C	Zip Code 70601-8911	Transaction ID: 16082609 Amount of Each Receipt this Period 250.00
	Name of Employer Lake Charles Memorial Hos- pital Receipt For: Primary General Other (specify)	1 1	n Specialty & Physician Servic e Year-to-Date 250.00	es
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)	I	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 96 / 233				
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Kathleen Derouen	Date of Receipt						
	Mailing Address 1701 Oak Park Boulev	1 1 ^d 0 5 ^f 2 0 0 8						
	City	State	Zip Code	Transaction ID: 16082610				
	Lake Charles	LA	70601-8911	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Lake Charles Memorial Hos-	Occupatio VP of Ma		_				
	pital Receipt For:	1 1	e Year-to-Date V	_				
	Primary General Other (specify)		250.00	1				
		0.0		1				
в.	Full Name (Last, First, Middle Initial) Christopher Fox			Date of Receipt				
	Mailing Address 204 Energy Parkway			M M / D D / Y Y Y Y 1 1 05 2008				
	City	State	Zip Code	Transaction ID: 16082611				
	Lafayette	LA	70508-3816	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Meadowbrook Specialty Hos-	Occupatio CEO	n	-				
	pital of Lafa Receipt For:	1 1	e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼	0 0	250.00]				
C.	Full Name (Last, First, Middle Initial) Benjamin Frank	1		Date of Receipt				
0.	Mailing Address 4200 Houma Blvd.			M M / D D / Y Y Y Y 1 1 05 2008				
	City	State	Zip Code	Transaction ID: 16083195				
	Metairie	LA	70006-2970	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer East Jefferson General Ho- spital	Occupatio Executive						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	 Primary General Other (specify) ▼ 	0 0	250.00]				
	SUBTOTAL of Receipts This Page (optional)	1		750.00				
	COPTOTAL OF RECEIPTO THIS Fage (optional)							
	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 97 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Gary Keller		Date of Receipt
	Mailing Address 1101 Kaliste Saloom F	Road	1 1 0 5 2 0 0 8
	City	State Zip Code	Transaction ID: 16083196
	Lafayette	LA 70508-5705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lafayette Surgical Specia- Ity Hospital	Occupation CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
В.	Full Name (Last, First, Middle Initial) Bernita Lloyd		Date of Receipt
	Mailing Address 1701 Oak Park Boulev	M M / D D Y	
	City	State Zip Code	Transaction ID: 16083197
	Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation VP Support Services	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. McMahon		Date of Receipt
	Mailing Address 2450 Severn Avenue		M M / D D / Y
	City	State Zip Code	Transaction ID: 16083198
	Metairie	LA 70001-1931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Metropolitan Hospital Cou- ncil of New O	Occupation Director of Legal/Governmental Affairs	6
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 233 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Marilyn McSwain Mailing Address 3803 Gordon St.		Date of Receipt
			11 05 2008
	City	State Zip Code	Transaction ID: 16083199
	Lake Charles	LA 70605-2803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation Chief Nursing Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Karen Mixon		Date of Receipt
	Mailing Address 1635 Marvel Street		M M / D D / Y Y Y Y 1 1 / 05 / 2008
	City	State Zip Code	Transaction ID: 16083200
	Coushatta	LA 71019-9022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer CHRISTUS Coushatta Health Care Center	Occupation Administrator	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	375.00	
C.	Full Name (Last, First, Middle Initial) Dr. Kevin Mocklin, MD		Date of Receipt
	Mailing Address 1701 Oak Park Bouleva	ard	1 1 0 5 Y Y Y Y Y 1 1 1 0 5 2 0 0 8
	City	State Zip Code	Transaction ID: 16083201
	Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation Medical Staff President	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	·····	875.00
	TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 233	
	for each category of the	(check only one)	
II EMIZED RECEIPIS	Detailed Summary Page		
		13 14 15 16 17	
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Mary B Moffett, , CPA		Date of Receipt	
Mailing Address P O Box 2780		M M / D D / Y Y Y Y	
City	State Zip Code	1 1 0 5 2 0 0 8 Transaction ID: 16083202	
Jena	LA 71342-2780	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.		250.00	
Name of Employer LaSalle General Hospital	Occupation		
	Administrator		
Receipt For: Primary General	Aggregate Year-to-Date	_	
Other (specify)	250.00		
Full Name (Last, First, Middle Initial) B. Dr. Patrick J Quinlan, , M.D.		Date of Receipt	
Mailing Address 1514 Jefferson Highwa	V		
City	State Zip Code	Transaction ID: 16083203	
New Orleans	LA 70121-2484	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Ochsner Health System	Occupation Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify) 🔻	600.00		
Full Name (Last, First, Middle Initial) C. Mr. Ted Shaw		Date of Receipt	
Mailing Address 4200 Houma Boulevard	b		
City	State Zip Code	1 1 0 5 2 0 0 8 Transaction ID: 16083204	
Metairie	LA 70011-2996	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.		250.00	
Name of Employer East Jefferson General Ho-	Occupation	7	
spital	Chief Financial		
Receipt For: Primary General	Aggregate Year-to-Date ▼	_	
Other (specify)	250.00		
		┛	
		750.00	
SUBTOTAL of Receipts This Page (optional)			
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements may i	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any pers	FOR LINE NUMBER: PAGE 100 / 233 (check only one) 11 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and addr	ess of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr David Usher Mailing Address P O Drawer 'M' City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hos-	State LA C	Zip Code 70602 dent Operations	Date of Receipt
	pital Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Mr Charles P Whitson, , CPA Mailing Address P O Drawer 'M' City	State	Zip Code	Date of Receipt $ \begin{array}{c c} M & M \\ 1 & 1 \end{array} $ $ \begin{array}{c c} Transaction ID: 16083207 \end{array} $
	Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hos-	LA C Occupation	70602	Amount of Each Receipt this Period
	pital Receipt For: Primary General Other (specify) ▼		dent Finance Year-to-Date ▼ 250.00]
C.	Full Name (Last, First, Middle Initial) Ms. Margaret W. Dahl Mailing Address 1170 Latham Drive			Date of Receipt
	City <u>Watkinsville</u> FEC ID number of contributing federal political committee.	State GA	Zip Code 30677-6023	Transaction ID: 16085862 Amount of Each Receipt this Period 250.00
	Name of Employer Athens Regional Medical <u>Center</u> Receipt For: Primary General Other (specify) ▼	Occupation Trustee Aggregate	Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 233 (check only one)
	TEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may ne name and addre	ot be sold or used by any perso ss of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John A Drew			Date of Receipt
	Mailing Address 1199 Prince Avenue			M M / D D / Y Y Y Y 111 06 2008
	City	State	Zip Code	Transaction ID: 16085864
	Athens	GA	30606-2797	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Athens Regional Medical Center	Occupation President a	nd Chief Executive Officer	
	Receipt For:	1	ear-to-Date 🔻	-
	Primary General	Aggregate It		
	Other (specify)		250.00	
		0 0 0	0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. George L Heck, III			Date of Receipt
	Mailing Address P O Box 1287			1 1 / D D / Y Y Y Y 1 1 / D 6 / 2 0 0 8
	City	State	Zip Code	Transaction ID: 16085865
	Douglas	GA	31534-1287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Coffee Regional Medical	Occupation	nd Chief Executive Officer	
	Center	1 4		
	Receipt For: Primary General	Aggregate Y	ear-to-Date	
	Other (specify)		500.00	
		0 0 0	0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. Stephen J Machen	•		Date of Receipt
	Mailing Address 1048 East Forsyth Stre	eet		M M / D D / Y Y Y Y
				11 06 2008
	City Americus	State	Zip Code	Transaction ID: 16085910
	Americus	GA	31709-3722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sumter Regional Hospital	Occupation Senior Vice	President and Chief Oper	a
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	ear-to-Date V	1
	Primary General	Aggregate It		
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	I	\	1000.00
			· · ·	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 233 (check only one) Image: Check only one) X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
	American Hospital Association PAC		
A.	Full Name (Last, First, Middle Initial) Mr Frank G McDougall		Date of Receipt
	Mailing Address One Medical Center Dr	1 1 0 5 2 0 0 8	
	City	State Zip Code	Transaction ID: 16085962
		NH 03756-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation Vice President, Government Relations	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Deanna S. Howard		Date of Receipt
	Mailing Address 5 Paine Road		M M / D D / Y Y Y Y 11 05 2008
	City	State Zip Code	Transaction ID: 16085963
	Etna	NH 03750-4508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation Director, Regional Program Developm	ent
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
- с.	Full Name (Last, First, Middle Initial) Mr Henry D Lipman	1	Date of Receipt
	Mailing Address 179 Sara Circle		M M / D D / Y Y Y Y 111 05 2008
	City	State Zip Code	Transaction ID: 16085966
		NH 03246-3069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer LRGHealthcare	Occupation Executive Vice President and Chief Fir	1
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	······	1200.00
ŀ	TOTAL This Period (last page this line number	only)	

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 233
			for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and St	tatements may	not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	/			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Thomas Clairmont			Date of Receipt
	Mailing Address 80 Highland Street			1 1 0 5 2 0 0 8
	0.1	01-11-	7. 0. 1.	
	City	State	Zip Code	Transaction ID: 16085967
	Laconia	NH	03246-3235	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	•	
	Name of Employer LRG Healthcare	President		
	Receipt For:	, I		
	Primary General	Aggregate	Year-to-Date 🛡	
	Other (specify)		500.00	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. James P Alender			Date of Receipt
υ.	Mailing Address 2601 Greentree Lane			
				11 10 2008
	City	State	Zip Code	Transaction ID: 16088724
	Kokomo	IN	46902-2951	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Howard Regional Health Sy-	Occupation		
	stem	President	and Chief Executive Officer	·
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify)		230.00	
~	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Mr. Roger J Allman			Date of Receipt
	Mailing Address 510 Miles Ridge Road			1 1 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 16088725
	Madison	IN		
			47250-2420	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer King's Daughters' Hospital	Occupation	1	7
	King's Daughter's' Hospital <u>and Health</u>		cutive Officer	
	Receipt For:	1 1	Year-to-Date V	1
	Primary General			1
	Other (specify)		250.00	
				*
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number of	only)		
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 104 / 233 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. JoAnn Birdzell			Date of Receipt
	Mailing Address 12431 Van Buren Street			1 1 1 0 Y Y Y Y 1 1 1 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 16088749
	Crown Point	IN	46307-9210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Catherine Hospital	Occupation Hospital		-
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) Mr. Paul Cardwell			Date of Receipt
	Mailing Address 1407 Indian Hills			M M / D D / Y Y Y Y 11 1 10 2008
	City	State	Zip Code	Transaction ID: 16088764
	Monticello	IN	47960-2729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer White County Memorial Hos-	Occupation Chief Exe	n ecutive Officer	
	pital Receipt For:	- I	Year-to-Date V	
	Primary General	33 13	250.00	1
	Other (specify)	0 0		1
C.	Full Name (Last, First, Middle Initial) Mr. Kyle De Fur, , FACHE	-		Date of Receipt
•	Mailing Address 8402 Harcourt Road			M M / D D / Y Y Y Y 11 1 10 2008
	City	State	Zip Code	Transaction ID: 16088803
	Indianapolis	IN	46260-2074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Vincent Indianapolis	Occupation Hospital		
	Hospital Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number			

SCHEDULE A (F ITEMIZED RECE	IPTS	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any pers	FOR LINE NUMBER: PAGE 105 / 233 (check only one) 11 X 11a 11b 13 14 15 16 17 son for the purpose of soliciting contributions
or for commercial purpose NAME OF COMMITTE American Hospital	es, other than using the name and a EE (In Full)	ddress of any political committee t	o solicit contributions from such committee.
A. Mr. Timothy A Flesch Mailing Address 336			Date of Receipt
0.1	01-1-	7'	11 10 2008
City Evansville	State IN	Zip Code 47715-3400	Transaction ID: 16088826 Amount of Each Receipt this Period
FEC ID number of con federal political commit	tributing		500.00
Name of Employer St. Mary's Medical Cer of Evansvill		I CEO	
Receipt For: Primary Other (specify)	General	te Year-to-Date 🔻 500.00	
B. Full Name (Last, First, Dr. John A. Griep, M.D. Mailing Address P.C			Date of Receipt
City	State	Zip Code	
Valparaiso	IN	46384-1220	Transaction ID: 16089022 Amount of Each Receipt this Period
FEC ID number of con federal political commit			250.00
Name of Employer St. Catherine Hospital	į ł	r of Medical Affairs	
Receipt For: Primary Other (specify)	General	te Year-to-Date 250.00	
Full Name (Last, First, Mr Paul Janssen	Middle Initial)		Date of Receipt
Mailing Address 601	Hoosier Dr.		M M / D D / Y Y Y Y 1 1 1 10 2008
City	State	Zip Code	Transaction ID: 16089048
New Castle	IN	47362-2940	Amount of Each Receipt this Period
FEC ID number of con federal political commit	tee.		250.00
Name of Employer Henry County Hospital	Occupati Senior	on Vice President and Chief Fin	and
Receipt For: Primary Other (specify)	General	te Year-to-Date 250.00	
SUBTOTAL of Receipts	This Page (optional)		1000.00
	This Page (optional) page this line number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 106 / 233 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr Craig Kinyon		Date of Receipt
	Mailing Address 3402 Deer Park Court		1 1 1 0 Y Y Y Y 1 1 1 1 1 0 2 0 0 8
	City	State Zip Code	Transaction ID: 16089061
	Richmond	IN 47374-7935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Reid Hospital and Health Care Services	Occupation Vice President Finance and Chief Fin	an
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark E Moore		Date of Receipt
	Mailing Address 2696 E. Ciana Court		M M / D D / Y Y Y Y 111 10 2008
	City	State Zip Code	Transaction ID: 16089119
	Bloomington	IN 47401-8358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Bloomington Hospital	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial)		Date of Receipt
υ.	Mike Packnett Mailing Address 10125 Silver Lake Ct.		M M / D D / Y Y Y Y 1 1 1 1 0 2 0 0 8
	City	State Zip Code	Transaction ID: 16089133
	Fort Wayne	IN 46825-7252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Parkview Hospital	Occupation Hospital President/CEO	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	•••••••	1000.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 107 / 233		
	ITEMIZED RECEIPTS	for each category of the	(check only one)		
		Detailed Summary Page			
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Kelly N. Stanley				
	Mailing Address 2628 Parkway Drive	M M / D D / Y Y Y Y 11 1 10 2008			
	City	State Zip Code	Transaction ID: 16089174		
	Muncie	IN 47304-5127	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Ball Memorial Hospital,	Occupation President - BMH Foundation			
	Inc. Receipt For:	Aggregate Year-to-Date V	_		
	Primary General	250.00			
	Other (specify)				
в.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hewston		Date of Receipt		
	Mailing Address 10501 State Hwy 285		M M / D D / Y Y Y Y 111 14 2008		
	City	State Zip Code	Transaction ID: 16089223		
	Conneaut Lake	PA 16316	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	350.00		
	Name of Employer Meadville Medical Center	Occupation Director, Rehabilitative Services			
	Receipt For:	Aggregate Year-to-Date 🔻	_		
	Primary General Other (specify) ▼	350.00			
C.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hewston		Date of Receipt		
	Mailing Address 10501 State Hwy 285		M M / D D / Y Y Y Y 111 14 2008		
	City	State Zip Code	Transaction ID: 16089225		
	Conneaut Lake	PA 16316	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	350.00		
	Name of Employer Meadville Medical Center	Occupation Director, Rehabilitative Services			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	700.00			
	SUBTOTAL of Receipts This Page (optional)		950.00		
	TOTAL This Period (last page this line number	סרווץ) 🕨			

SCHEDULE A (FEC Form 3)	() Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 108 / 233 (check only one)		
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	nd Statements may not be sold or used by any person the name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Hospital Association PA	0			
Full Name (Last, First, Middle Initial) Ms. Sandra Smith Wright, Ed.D., R.N		Date of Receipt		
Mailing Address PO Box 549		1 1 0 7 Y Y Y Y Y 1 1 0 7 2 0 0 8		
City Woodville	State Zip Code TX 75979-0549	Transaction ID: 16089233		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00		
Name of Employer Tyler County Hospital	Occupation Chief Executive Officer	-		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Ms. Marilyn A. Bowcutt, RN, MSN		Date of Receipt		
Mailing Address 6030 Columbia Ro	Mailing Address 6030 Columbia Road			
City	State Zip Code	Transaction ID: 16089234		
Augusta FEC ID number of contributing federal political committee.	GA 30813	Amount of Each Receipt this Period		
Name of Employer University Health Care Sy- stem	Occupation Vice President, Patient Care	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Mr. Claude W. Harbarger Mailing Address 969 Lakeland Drive		Date of Receipt		
		11 06 2008		
City Jackson	State Zip Code MS 39216-4606	Transaction ID: 16089235 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer St. Dominic-Jackson Memor- ial Hospital	Occupation President	_		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optiona	l l)	950.00		
TOTAL This Period (last page this line num	ber only)			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 109 / 233 (check only one)
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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
				X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Wayne A. Smith			Date of Receipt
	Mailing Address 1280 South Governors	M M / D D / Y Y Y Y 11 1 10 2008		
	City	State	Zip Code	Transaction ID: 16089328
	Dover	DE	19904-4802	Amount of Each Receipt this Period
	EEC ID number of contributing			
	FEC ID number of contributing federal political committee.	C		140.00
	Name of Employer	Occupatio	on	
	Delaware Healthcare Assoc- iation	Presiden	nt & CEO	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	i iggi egen		1
	Other (specify)	0 0	640.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Barry S Cochran, , FACHE			Date of Receipt
	Mailing Address P O Drawer 710			1 1 / D D / Y Y Y Y 1 1 0 / 2 0 0 8
	City	State	Zip Code	Transaction ID: 16090428
	Fayette	AL	35555-0710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Fayette Medical Center	Occupation Administ		
	Receipt For:	₁ · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	—
	Primary General	Aggregat		1
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Jennie R Rhinehart	1		Date of Receipt
	Mailing Address 805 Friendship Road			M M / D D / Y Y Y Y 111 10 2008
	City	State	Zip Code	Transaction ID: 16090429
	Tallassee	AL	36078-1234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		559.00
	Name of Employer Community Hospital	Occupation Administ	on trator and Chief Executive Of	ffi
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		559.00]
	SUBTOTAL of Receipts This Page (optional)	I		1699.00
	TOTAL This Period (last page this line number			
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 110 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Clark P. Christianson Mailing Address 6762 Stoneridge Court	t		Date of Receipt
	City	State	Zip Code	Transaction ID: 16090430
	Mobile	AL	36695-3061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		665.00
	Name of Employer Providence Hospital	Occupation Presider		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 665.00]
В.	Full Name (Last, First, Middle Initial) Mr. Sammy Watson Mailing Address 809 University Blvd. E	ast		Date of Receipt
				11 10 2008
	City	State	Zip Code	Transaction ID: 16090431
	Tuscaloosa FEC ID number of contributing federal political committee.	C	35401	Amount of Each Receipt this Period 435.00
	Name of Employer DCH Health System	Occupatio Director,	ⁿ Community Relations	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 🔻 435.00]
С.	Full Name (Last, First, Middle Initial) Ms Elaine Averett			Date of Receipt
	Mailing Address P O Box 935			M M / D D / Y Y Y Y 11
	City	State	Zip Code	Transaction ID: 16090432
	Grove Hill FEC ID number of contributing federal political committee.	AL C	36451-0935	Amount of Each Receipt this Period
	Name of Employer Grove Hill Memorial Hospi- tal	1 1	nancial Officer	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 280.00]
	SUBTOTAL of Receipts This Page (optional)		······	1380.00
	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 111 / 233 (check only one) 112 X 11a 11b 11c 12		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Peter E Makowski				
	Mailing Address 4231 West 16th Avenu	M M / D D / Y Y Y Y Y 1 1 1 2 0 0 8			
	City Denver	State Zip Code CO 80204-1335	Transaction ID: 16090548		
	FEC ID number of contributing federal political committee.	CO 80204-1335	Amount of Each Receipt this Period		
	Name of Employer St. Anthony Central Hospi- tal	Occupation Chief Executive Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
в.	Full Name (Last, First, Middle Initial) Jodi Chambers		Date of Receipt		
	Mailing Address 4231 West 16th Avenu	e	M M / D D / Y Y Y Y 11 1 10 2008		
	City	State Zip Code CO 80204-1335	Transaction ID: 16090550		
	Denver FEC ID number of contributing federal political committee.	CO 80204-1335	Amount of Each Receipt this Period		
	Name of Employer St. Anthony Central Hospi- tal	Occupation Chief Medical Officer	_		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00			
C.	Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud		Date of Receipt		
	Mailing Address 7 Ivanhoe Drive		M M / D D / Y Y Y Y 11 1 13 2008		
	City	State Zip Code	Transaction ID: 16090630		
	Topsham FEC ID number of contributing federal political committee.	ME 04086-6109	Amount of Each Receipt this Period		
	Name of Employer Maine Hospital Association	Occupation President	_		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional)	•	750.00		
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 112/233
	· · · ·		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
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	Any information copied from such Reports and Si or for commercial purposes, other than using the	name and ad	y not be sold or used by any perso	solicit contributions from such committee
	· · · · · · · · · · · · · · · · · · ·	nume and ad		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)	Data of Descript		
Α.	Mr. Frank R. Brownell, III	Date of Receipt		
	Mailing Address Post Office Box 76			1 1 0 3 2 0 0 8
	100 North 10th Street	Ctoto	Zin Code	Include Include Included
	City	State	Zip Code	Transaction ID: 16091498
	Montezuma	IA	50171-0076	Amount of Each Receipt this Period
	FEC ID number of contributing			750.00
	federal political committee.	C		750.00
		_		
	Name of Employer Grinnell Regional Medical	Occupatio	n	
	Center	Trustee		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		· · · · · · · · · · ·	1
	Other (specify)		750.00	
		0.0		
-	Full Name (Last, First, Middle Initial)			
В.	Mr. James G FitzPatrick			Date of Receipt
Ь.				·
	Mailing Address 11 Hackberry Road			1 1 0 3 2 0 0 8
		Ctoto	Zin Codo	
	City	State	Zip Code	Transaction ID: 16091499
	Mason City	IA	50401-2505	Amount of Each Receipt this Period
	FEC ID number of contributing			519.50
	federal political committee.	C		519.50
	Name of Employer Mercy Medical Center-North	Occupatio		
	lowa	Presiden	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			1
	Other (specify)		519.50	
				1
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Carol A. Watson, Ph.D., RN			Date of Receipt
	Mailing Address 390 NB			M M / D D / Y Y Y Y
	50 Newton Road			11 03 2008
	City	State	Zip Code	Transaction ID: 16091500
	lowa City	IA	52242-9296	Amount of Each Receipt this Period
			32242 3230	Amount of Lach Receipt this Fehou
	FEC ID number of contributing	C		500.00
	federal political committee.		1 1 1 1 1	
	Name of Employer	Occupatio	n	-
	Name of Employer University of Iowa College		r-Clinical	
	of Nursing	1		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1075.00	
	Other (specify)			
	SUBTOTAL of Receipts This Page (optional)			1769.50
ŀ			•	
	TOTAL This Period (last page this line number	only)	•	
I	IN THE THIS I CHUN HAST PAYE THIS HITE HUITIDEL	(iny)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 233 (check only one) Image: Constraint of the state o
	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and add	ress of any political committee to	solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Greg E. Boattenhamer	Date of Receipt		
	Mailing Address 100 East Grand Avenu Suite 100	1 1 ^D D D ^Y Y Y Y Y 1 1 ^D 0 3 ^Y 2 0 0 8		
	City	State	Zip Code	Transaction ID: 16091501
	Des Moines	IA	50309-1829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Iowa Hospital Association	Occupation Sr. Vice F	President, Government Rela	tiq
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
В.	Full Name (Last, First, Middle Initial) Mr. Peter W Thoreen			Date of Receipt
	Mailing Address 2720 Stone Park Boule	evard		M M / D D / Y Y Y Y 11 1 03 2008
	City	State	Zip Code	Transaction ID: 16091502
	Sioux City	IA	51104-3795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Luke's Regional Medic- al Center	Occupation President	and Chief Executive Officer	
		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	547.50	
C.	Full Name (Last, First, Middle Initial) Mr. J. Kirk Norris			Date of Receipt
	Mailing Address 5055 Upper Creek Driv	ve		M M / D D / Y Y Y Y 11 1 03 2008
	City	State	Zip Code	Transaction ID: 16091504
	Pleasant Hill	IA	50327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Iowa Hospital Association	Occupation President		
	Receipt For: Primary General	Aggregate	Year-to-Date	
	Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 233 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC		
А.	Full Name (Last, First, Middle Initial) Mr. Gary S. Kahn Mailing Address 1104 S. 5th Ave. W.		Date of Receipt
	City Newton	State Zip Code IA 50208-3511	1 0 3 2 0 8 Transaction ID: 16091505 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Skiff Medical Center Receipt For:	Occupation Trustee	-
	Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
в.	Full Name (Last, First, Middle Initial) Mr. William B Leaver Mailing Address 3280 Camp Creek Rd		Date of Receipt
	City	State Zip Code	1 0 3 2 0 8 Transaction ID: 16091506
	Lynn Center FEC ID number of contributing federal political committee.	IL 61201-5351	Amount of Each Receipt this Period
	Name of Employer Iowa Health System	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
C.	Full Name (Last, First, Middle Initial) Mr. Russell M Knight Mailing Address 250 Mercy Drive		Date of Receipt
	City	State Zip Code	1 0 3 2 0 8 Transaction ID: 16091507
	Dubuque	IA 52001-7320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mercy Medical Center-Dubu- <u>que</u> Receipt For:	Occupation President and Chief Executive Officer Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	••••••••••	1500.00
	TOTAL This Period (last page this line number	only)	

				FOR LINE NUMBER: PAGE 115/233
	SCHEDULE A (FEC Form 3X)		e separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		each category of the etailed Summary Page	X 11a 11b 11c 12
			dalled Summary r age	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not b name and address	e sold or used by any perso of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Marilyn E. Kaptain-Dahlen	Date of Receipt		
	Mailing Address 801 15th Street Box 203	M M / D D / Y Y Y Y Y 11 1 03 2008		
	City		Zip Code	Transaction ID: 16091508
	Sioux City	IA s	51105-1502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-Sioux	Occupation		1
	City	· ·	t, Regionalization	_
	Receipt For:	Aggregate Year-	to-Date	
	Primary General Other (specify) ▼		500.00	
-	Full Name (Least First Middle Isitial)			-
B.	Full Name (Last, First, Middle Initial) Mr. Richard A Seidler, , FACHE			Date of Receipt
	Mailing Address 1708 Partridge Lane			M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8
	City	State Z	Zip Code	Transaction ID: 16091582
	Waterloo	IA s	50701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Allen Memorial Hospital	Occupation Chief Executiv	ve Officer	
	Receipt For:	Aggregate Year	to-Date 🔻	_
	Primary General Other (specify) ▼		500.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Douglas P Cropper			Date of Receipt
	Mailing Address 3300 Gallows Road			M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8
	City	State Z	Zip Code	Transaction ID: 16091583
	Falls Church	VA 2	22042-3307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Inova Fairfax Hospital	Occupation Senior Vice P	resident and Chief Exec	ut
	Receipt For:	Aggregate Year	to-Date 🔻	
	Other (specify) ▼		500.00	
-		0 0 0 0		
	SUBTOTAL of Receipts This Page (optional)		••••••	1500.00
ſ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 116 / 233 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
				$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Timothy L Charles	Date of Receipt		
	Mailing Address 701 Tenth Street SE			M M / D D / Y Y Y Y
				11 03 2008
	City	State	Zip Code	Transaction ID: 16091584
	Cedar Rapids	IA	52403-1251	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupatio	n	-
	Mercy Medical Center		t and Chief Executive Officer	
	Receipt For:	1	Year-to-Date V	-1
	Primary General	Aggregate		1
	Other (specify)		500.00	
		0.0		1
	Full Name (Last, First, Middle Initial)			
В.	Dr. Dale Andres, D.O.			Date of Receipt
	Mailing Address 3647 North Shore			M M / D D / Y Y Y Y
				11 03 2008
	City	State	Zip Code	Transaction ID: 16091585
	<u>Clear Lake</u>	IA	50428-1070	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupatio	n	-
	Mercy Medical Center-North	· · ·	 ice President Physician Integ	ır
	lowa Receipt For:	1 1	e Year-to-Date 🔻	<u>,</u>
	Primary General	riggregate		
	Other (specify)		500.00	
				4
	Full Name (Last, First, Middle Initial)			
C.	Suku Radia			Date of Receipt
	Mailing Address 4800 Stonebridge Circ	le		
	01	01-11-	7. 0 - 4	11 03 2008
	City Most Dec Maines	State	Zip Code	Transaction ID: 16091586
	West Des Moines	IA	50265-2982	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupatio	n	7
	Mercy Medical Center	CFO		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		E00.00	
	Other (specify)		500.00	
				1500.00
	SUBTOTAL of Receipts This Page (optional)		······	
	TOTAL This Period (last page this line number	only)	····· ►	

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	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 117 / 233
	· · ·	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		Detailed Gainmary Page	
Γ	Any information copied from such Reports and S	statements may not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
	American nospital Association 1740		
×	Full Name (Last, First, Middle Initial)		
Α.	Mr. David H Vellinga, , FACHE		Date of Receipt
	Mailing Address 1111 6th Avenue	M M / D D / Y Y Y Y	
			11 03 2008
	City	State Zip Code	Transaction ID: 16091587
	Des Moines	IA 50314-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Mercy Medical Center-Des Moines	President and Chief Executive Officer	r
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify)	500.00	
			·
-	Full Name (Last, First, Middle Initial)		
В.	Mr. Theodore E Townsend		Date of Receipt
	Mailing Address P O Box 3026		M M / D D / Y Y Y Y
	• • • • • • • • • • • • • • • • • • • •		11 03 2008
	City	State Zip Code	Transaction ID: 16091588
	Cedar Rapids	IA 52406-3026	Amount of Each Receipt this Period
	•		
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	St. Luke's Hospital	President and Chief Executive Officer	r
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify)	500.00	
-	Full Name (Last, First, Middle Initial)	·	
C.	Mr Scott Leighty		Date of Receipt
	Mailing Address 1000 Fourth Street SV	V	M M / D D / Y Y Y Y
			11 03 2008
	City	State Zip Code	Transaction ID: 16091589
	Mason City	IA 50401-2800	Amount of Each Receipt this Period
	FEC ID number of contributing		F00.00
	federal political committee.		500.00
	Name of Employer Mercy Medical Center-North	Occupation	
	lowa	Chief Operating Officer	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	500.00	11
	Other (specify)		1
F		1	
			4500.00
	SUBTOTAL of Receipts This Page (optional)		1500.00
ŀ			-
I			

S	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 118/233
		Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	angle American Hospital Association PAC		
A.	Full Name (Last, First, Middle Initial) Paul Manternach, MD	Date of Receipt	
	Mailing Address 1000 4th St. NW	M M / D D / Y Y Y Y 111 03 2008	
	City	State Zip Code	Transaction ID: 16091590
	Mason City	IA	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer Mercy Medical Center	Occupation Director, Emergency Dept.	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General	500.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Mr Douglas E Morse		Date of Receipt
	Mailing Address 1000 Fourth Street SW		M M / D D / Y Y Y Y 111 03 2008
	City	State Zip Code	Transaction ID: 16091591
	Mason City	IA 50401-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mercy Medical Center-North Iowa	Occupation Senior Vice President Network and Cl	in
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify)	500.00	
– c.	Full Name (Last, First, Middle Initial) Mr. John C Sheehan		Date of Receipt
-	Mailing Address P O Box 3026		M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8
	City	State Zip Code	Transaction ID: 16091594
	Cedar Rapids	IA 52406-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Luke's Hospital	Occupation Executive Vice President and COO	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1500.00
F	TOTAL This Period (last page this line number of		

				-
	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 119 / 233
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
[Any information copied from such Reports and Si	tatements ma	ay not be sold or used by any pe	rson for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ad	dress of any political committee	to solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Paul Dougherty	Date of Receipt		
	Mailing Address P.O.3168			M M / D D / Y Y Y Y
	Sioux City, la . 51102			11 03 2008
	City	State	Zip Code	Transaction ID: 16091595
	Sioux City	IA	51102	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Mercy Medical Center-Sioux	Occupatio		
	City	Presider	nt and Chief Executive Office	cer
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	
	Other (specify)		500.00	
-	Full Name (Last, First, Middle Initial)			
В.	Barbara C. Peterson			Date of Receipt
	Mailing Address 701 10th St. SE			M M / D D / Y Y Y Y
				11 03 2008
	City	State	Zip Code	Transaction ID: 16091596
	Cedar Rapids	IA	52403-1251	Amount of Each Receipt this Period
	FEC ID number of contributing			075.00
	federal political committee.	C		375.00
	Name of Employer Mercy Medical Center	Occupatio		
	-	Vice Pre	esident	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		375.00	
	Other (specify)			
~	Full Name (Last, First, Middle Initial)			Data of Day 111
C.	Ms. Sandra L. McIntosh, RN, MA, CN	-		Date of Receipt
	Mailing Address 1208 Woodland Dr. SE	-		1 1 0 3 2 0 0 8
		Ctoto	Zin Code	
	City	State	Zip Code	Transaction ID: 16091597
	Cedar Rapids	IA	52403-9076	Amount of Each Receipt this Period
	FEC ID number of contributing	С		375.00
	federal political committee.			
	Name of Employer	Occupatio	วท	
	St. Luke's Hospital		, Emergency Medical/Surgi	cal
	Receipt For:			
	Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		375.00	
		0 0	0 0 0 0 0 0 0	
I				
	CURTOTAL of Descipto This Dans (artists)			1250.00
	SUBTOTAL of Receipts This Page (optional)			
	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 120 / 233 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Tina Reynolds Mailing Address 1720 Central Ave E		Date of Receipt
	City	State Zip Code	Transaction ID: 16091598
	Hampton	IA 50441-1859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	288.00
	Name of Employer Franklin General Hospital	Occupation Manger of Administration Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 288.00	
В.	Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson		Date of Receipt
	Mailing Address 1 St Joseph's Drive		1 1 / D D / Y Y Y Y 1 1 1 2 0 0 8
	City	State Zip Code	Transaction ID: 16091610
	Centerville FEC ID number of contributing federal political committee.	IA 52544-9017	Amount of Each Receipt this Period
	Name of Employer Mercy Medical Center-Cent- erville	Occupation President and Chief Executive Officer	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 287.50	
С.	Full Name (Last, First, Middle Initial) Ms Joan Bierman		Date of Receipt
	Mailing Address 300 Sioux Valley Drive		M M / D D / Y Y Y Y 111 03 2008
	City	State Zip Code	Transaction ID: 16091611
	Cherokee	IA 51012-1205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Cherokee Regional Medical Center	Occupation Vice President Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	•	825.50
	TOTAL This Period (last page this line number of	only)	

9	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 121 / 233		
		Use separate schedule(s) for each category of the	(check only one)		
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Dawn M. Bach		Date of Receipt		
	Mailing Address 1525 West 5th Street		1 1 ^M / ^D D / ^Y Y Y Y 2 0 0 8		
	City	State Zip Code	Transaction ID: 16091612		
	Storm Lake	IA 50588-3027	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Buena Vista Regional Medi- cal Center	Occupation Director of Clinical Services			
	Receipt For:	Aggregate Year-to-Date ▼	_		
	Primary General Other (specify) ▼	1000.00			
– В.	Full Name (Last, First, Middle Initial) Mr. Art J. Spies		Date of Receipt		
	Mailing Address 100 E. Grand Ave. Sui	te 100	M M / D D / Y Y Y Y 11 0 3 / 2008		
	City	State Zip Code	Transaction ID: 16091613		
	Des Moines	IA 50309-1800	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Iowa Hospital Association	Occupation Senior Vice President, Membership Sv	/¢s		
	Receipt For:	Aggregate Year-to-Date	_		
	Primary General Other (specify)	250.00			
– C.	Full Name (Last, First, Middle Initial) Mr. Paul Foelsch	1	Date of Receipt		
	Mailing Address 500 East Market Stree	t	M M / D D / Y Y Y Y 1 1 2 0 0 8		
	City	State Zip Code	Transaction ID: 16091614		
	lowa City	IA 52245-2689	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Mercy Iowa City	Occupation Vice President Information Services a	n		
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	250.00			
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	750.00		
F	TOTAL This Period (last page this line number				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 233 (check only one) (check 112 / 233) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	son for the purpose of soliciting contributions	
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Michael D Trachta Mailing Address 312 Ninth Street SW		Date of Receipt
			11 03 2008
	City	State Zip Code IA 50677-2929	Transaction ID: 16091615
	Waverly FEC ID number of contributing federal political committee.	IA 50677-2929	Amount of Each Receipt this Period
	Name of Employer Waverly Health Center	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Mr. David M. Miller		Date of Receipt
	Mailing Address Miller Dairy Sales, Ltd. Route 2 Box 163		
	City Chariton	State Zip Code IA 50049-9661	Transaction ID: 16091616 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lucas County Health Center	Occupation Trustee	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Michael T Kafka, MD		Date of Receipt
	Mailing Address 3712 Briar Path		M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8
	City	State Zip Code	Transaction ID: 16091617
	Sioux City FEC ID number of contributing federal political committee.	IA 51104-1323	Amount of Each Receipt this Period 250.00
	Name of Employer St. Luke's Regional Medic- al Center Receipt For: Primary General	Occupation Director, Pathology Aggregate Year-to-Date ▼ 250.00	
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		▶ 750.00
	TOTAL This Period (last page this line number of	only)	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
∠ A.	Full Name (Last, First, Middle Initial) Mr. John E Knox, , FACHE			Date of Receipt			
	Mailing Address 350 North Grandview	Avenue		1 1 0 3 Y Y Y Y 1 1 0 3 2 0 0 8			
	City State		Zip Code	Transaction ID: 16091618			
	Dubuque	IA	52001-6392	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Finley Hospital	Occupatio	n It and Chief Executive Office				
	Receipt For:		e Year-to-Date V				
	Primary General Other (specify) ▼		250.00]			
— В.	Full Name (Last, First, Middle Initial) Ms. Carol E. Twedt			Date of Receipt			
υ.	Mailing Address 4344 Pine Ridge Trail	NE		M M / D D / Y Y Y Y 11 1 03 2008			
	City State		Zip Code	Transaction ID: 16091619			
	lowa City	IA	52240-7830	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Mercy Iowa City	Occupatio Director,	ⁿ Clinical Information Service				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00]			
— с.	Full Name (Last, First, Middle Initial) Mr. C James Platt			Date of Receipt			
	Mailing Address P O Box 174			M M / D D / Y Y Y Y 11 03 2008			
	City	State	Zip Code	Transaction ID: 16091620			
	Fort Madison	IA	52627-0174	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Fort Madison Community Ho- spital	Occupatio Chief Ex	n ecutive Officer				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	0 0	250.00				
Γ	SUBTOTAL of Receipts This Page (optional)	I		750.00			
	TOTAL This Period (last page this line number						

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 124/233					
	• • •	Use separate schedule(s) for each category of the	(check only one)					
	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12					
Г								
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC	N , ,						
∠ A.	Full Name (Last, First, Middle Initial) Ms. Donna M Oliver		Date of Receipt					
	Mailing Address 1410 North Fourth Stre	pet	M M / D D / Y Y Y Y 11 03 2008					
	City	State Zip Code	Transaction ID: 16091621					
	Clinton	nton IA 52732-2940						
	FEC ID number of contributing federal political committee.	250.00						
	Name of Employer Mercy Medical Center-Clin- ton	Occupation President and Chief Executive Officer	-					
	Receipt For:	Aggregate Year-to-Date V	1					
	Primary General	250.00	1					
	Other (specify)		1					
- В.	Full Name (Last, First, Middle Initial) Mr. Charles R Miller		Date of Receipt					
	Mailing Address P O Box 250		M M M D D P Y					
	City	State Zip Code						
	Sheldon	IA 51201-0250	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Sanford Sheldon Medical	Occupation	-					
	Center	Chief Executive Officer	_					
	Receipt For: Primary General	Aggregate Year-to-Date						
	Other (specify) ▼	250.00						
-	Full Name (Last, First, Middle Initial)	l						
C.	Ms Patricia Denzer Mailing Address 2720 Stone Park Boule	ward	Date of Receipt					
	Maining Address 2720 Storie Park Boule	Iress 2/20 Stone Park Boulevard						
	City	State Zip Code	Transaction ID: 16091623					
	Sioux City	IA 51104-3795	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer St. Luke's Regional Medic-	Occupation	7					
	al Center	Senior Vice President and Chief Oper	rat					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary GeneralOther (specify) ▼	250.00						
Г								
	SUBTOTAL of Receipts This Page (optional)		750.00					
Γ	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) a category of the	FOR LINE NUMBER: PAGE 125 / 233 (check only one) X 11a 11b 11c 12				
		Detailec	I Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be solo name and address of an	d or used by any persor y political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
A.	Full Name (Last, First, Middle Initial) Mr. Robert R Sellers			Date of Receipt				
	Mailing Address 631 North Eighth Stree	M M / D D / Y Y Y Y 11 03 2008						
	City	State Zip Co	ode	Transaction ID: 16091624				
	Missouri Valley	IA 51555	5-1199	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Alegent Health Community Memorial Hosp	Occupation Regional Administ	rator					
	Receipt For:	Aggregate Year-to-Da	ate 🔻					
	 Primary General Other (specify) ▼ 		250.00					
В.	Full Name (Last, First, Middle Initial) Robert C Travis			Date of Receipt				
	Mailing Address 4827 School House Ro	M M / D D / Y Y Y Y 111 03 2008						
	City	State Zip Co	ode	Transaction ID: 16091626				
	Bettendorf	IA 52722	2-6577	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Genesis Medical Center-Da-	Occupation VP of Strategic De	walanmant	7				
	venport Receipt For:	Aggregate Year-to-Da	•	_				
	Primary General							
	Other (specify)	0 0 0 0	250.00					
С.	Full Name (Last, First, Middle Initial) Mr. Mark D Richardson			Date of Receipt				
	Mailing Address 1221 South Gear Aven	ue		M M / D D / Y Y Y Y 111 03 2008				
	City	State Zip Co	ode	Transaction ID: 16091627				
	West Burlington	IA 52655	5-1681	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Great River Medical Center	Occupation President and Chie	ef Executive Officer	_				
	Receipt For: Primary General	Aggregate Year-to-Da	ate 🔻					
	Other (specify) ▼		250.00					
	SUBTOTAL of Receipts This Page (optional)		>	750.00				
	TOTAL This Period (last page this line number	only)	·····					

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 / 233
		for each category of the	(check only one)
	II EIMIZED RECEIPIS	Detailed Summary Page	X 11a 11b 11c 12
,			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions	
-	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
, A.	Full Name (Last, First, Middle Initial) Mr. Jay Christensen		Date of Receipt
	Mailing Address 1229 'C' Avenue East	M M / D D / Y Y Y Y 111 03 2008	
	City	State Zip Code	Transaction ID: 16091628
	Oskaloosa	IA 52577-4246	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		250.00
	Name of Employer Mahaska Health Partnership	Occupation	
		Administrator	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	250.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Mr. Larry L. Donaldson		Date of Receipt
υ.	Mailing Address 701 10th St. SE		
			11 03 2008
	City	State Zip Code	Transaction ID: 16091629
	Cedar Rapids	IA 52403-1251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mercy Medical Center	Occupation Sr. Vice President Managed Care	
	Receipt For:		—
	Primary General	Aggregate Year-to-Date	_
	Other (specify) v	250.00	
	Full Name (Last, First, Middle Initial)		
C.	Mr Joseph LeValley		Date of Receipt
	Mailing Address 1111 6th Avenue		1 1 0 3 2 0 0 8
	City	State Zip Code	Transaction ID: 16091630
	Des Moines	IA 50314-2611	Amount of Each Receipt this Period
	FEC ID number of contributing		050.00
	federal political committee.		250.00
	Name of Employer Mercy Medical Center-Des	Occupation	
	Moines	Senior Vice President Planning	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	250.00	
	Other (specify) 🔻		
[750.00
	SUBTOTAL of Receipts This Page (optional)		/30.00
	TOTAL This Period (last page this line number	only)	

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 127 / 233
			for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17		
Γ	Any information copied from such Reports and St	n for the purpose of soliciting contributions		
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	/ American hospital Association 1 Ao			
Z	Full Name (Last, First, Middle Initial)			
Α.	Mr. Allen E Pohren	Date of Receipt		
	Mailing Address P O Box 498			M M / D D / Y Y Y Y
				11 03 2008
	City	State	Zip Code	Transaction ID: 16091632
	Red Oak	IA	51566-0498	
			31308-0498	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupatio	n	-
	Montgomery County Memorial	Administ		
	Hospital		_	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		250.00	
	Other (specify)			
_				
_	Full Name (Last, First, Middle Initial)			
В.	Mr. John M. Comstock			Date of Receipt
	Mailing Address 300 Sioux Valley Drive			1 1 0 3 2 0 0 8
	City State		Zip Code	Transaction ID: 16091633
	Cherokee	IA	51012-1205	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			200.00
	Name of Employer	Occupatio	20	-
	Name of Employer Cherokee Regional Medical		ecutive Officer	
	Center		_	_
	Receipt For: Primary General	Aggregate	e Year-to-Date	
			250.00	
	Other (specify) 🔻			
-				
C.	Full Name (Last, First, Middle Initial) Dr. Thomas C Evans, M.D.			Date of Receipt
С.	-			
	Mailing Address 1200 Pleasant Street			1 1 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 16091634
	Des Moines	IA	50309-1453	
			30309-1453	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.	-	1 1 1 1 1 1	
	Name of Employer Iowa Health System	Occupatio	on	-
	Iowa Health System		sident and Chief Medical Offi	c
	Receipt For:	1 I	e Year-to-Date 🔻	-
	Primary General	Aggregat		
	Other (specify)		500.00	
Г		I		
	SUBTOTAL of Receipts This Page (optional)			1000.00
Ļ	SUBICIAL OF RECEIPTS THIS Fage (Optional)		••••••	
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	TOTAL This Period (last page this line number of	oniy)	····· 🕨	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 128 / 233
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.		
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard Hildebrand			Date of Receipt
	Mailing Address 2720 Stone Park Bould	evard		M M / D D / Y Y Y Y 11 1 03 2008
	City	State	Zip Code	Transaction ID: 16091635
	Sioux City	IA	51104-3734	Amount of Each Receipt this Period
	<u>Siddx Oity</u>		31104-3734	Amount of Each Receipt this Fehod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	-
	Name of Employer St. Luke's Regional Medic-	Vice Pre		
	al Center	1	_	_
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		250.00	
	Other (specify)	0 0		1
-	Full Name (Last, First, Middle Initial)			Delect Device
В.	Ms. Mary Ann Osborn, RN, MA			Date of Receipt
	Mailing Address 1026 A Avenue			M M / D D / Y Y Y Y 11 1 03 2008
	City	State	Zip Code	Transaction ID: 16091636
	Cedar Rapids	IA	52402-5036	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupatio	n	-
	St. Luke's Hospital		sident, Chief Clinical Officer	
	Receipt For:	1 1	e Year-to-Date 🔻	-
	Primary General	Aggregate		
	Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Kenneth Croken			Date of Receipt
	Mailing Address 1227 E Rusholme St			
				11 03 2008
	City	State	Zip Code	Transaction ID: 16091641
	Davenport	IA	52803-2459	Amount of Each Receipt this Period
		17.1	02000 2400	Amount of Lach Necelpt this renou
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Genesis Medical Center-Da-	Occupatio	on	7
		VP of Co	prporate Communication&Ma	rketin
	venport Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	
	Primary General	Aggregate		
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)	····· •	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 129 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Toni Ebeling Mailing Address 532 First Street Northy	west		Date of Receipt
	Box 68			11 03 2008
	City	State IA	Zip Code	Transaction ID: 16091642
	Britt FEC ID number of contributing federal political committee.	C	50423-1227	Amount of Each Receipt this Period
	Name of Employer Hancock County Memorial Hospital Receipt For:	1	on ecutive Officer e Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Ms. Diane Fischels Mailing Address 1791 Springview Dr.			Date of Receipt
	City	State	Zip Code	Transaction ID: 16091643
	Mason City	IA	50401-4759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Medical Center-North Iowa		anizational Development	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
с.	Full Name (Last, First, Middle Initial) Kim Price Mailing Address 110 Woodland Dr	L		Date of Receipt
				11 03 2008
	City Forest City	State IA	Zip Code 50436-2418	Transaction ID: 16091644
	FEC ID number of contributing federal political committee.	C	50450-2418	Amount of Each Receipt this Period
	Name of Employer Mercy Medical Center-North Iowa	Occupatio Director,	Clinics	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 130 / 233		
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)		
			Detailed Summary Page		X 11a 11b 11c 12		
٦					13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	person ttee to s	for the purpose of soliciting contributions olicit contributions from such committee.				
ĺ	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
A.	Full Name (Last, First, Middle Initial) Mr Rod G Schlader						
	Mailing Address 1000 Fourth Street SW	M M / D D / Y Y Y Y 111 03 2008					
	City	State	Zip Code		Transaction ID: 16091645		
	Mason City	IA	50401-2800		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Mercy Medical Center-North	Occupatio					
	lowa Receipt For:		nancial Officer		-		
	Primary General	Aggregate	e Year-to-Date	_			
	Other (specify)	0 0	250.00	0			
В.	Full Name (Last, First, Middle Initial) Ms. Susan Thompson				Date of Receipt		
	Mailing Address 1500 Collins St.				M M / D D / Y Y Y Y 11 03 2008		
	City	State	Zip Code		Transaction ID: 16091648		
	Webster City	IA	50595-2621		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Trinity Regional Medical Center	Occupatio Chief Or	on Derating Officer		1		
	Receipt For:	, .	e Year-to-Date V		-		
	Primary General Other (specify) ▼		250.00	0			
C.	Full Name (Last, First, Middle Initial) Tom Tibbitts				Date of Receipt		
0.	Mailing Address 802 Kenyon Road				1 1 0 3 2 0 0 8		
	City	State	Zip Code		Transaction ID: 16091649		
	Fort Dodge	IA	50501-5740		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Trinity Regional Medical Center	on		1			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00	0			
[CURTOTAL of Dessints This Daws (article)	I			750.00		
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	TOTAL This Period (last page this line number	only)		►			

	SCHEDULE A (FEC Form 3X)	I	Use separate schedule(s)	FOR LINE NUMBER: PAGE 131 / 233			
	ITEMIZED RECEIPTS		for each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
			, ,	13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not and addres	t be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph S Smith			Date of Receipt			
	Mailing Address 1015 Union Street			M M / D D / Y Y Y Y 11 03 2008			
	City	State	Zip Code	Transaction ID: 16091650			
	Boone	IA	50036-4898	Amount of Each Receipt this Period			
				Amount of Each needpt this renod			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Boone County Hospital	Name of Employer Occupation					
		Chief Execut		_			
	Receipt For:	Aggregate Yea	ar-to-Date				
	Primary General		250.00				
	Other (specify)	0 0 0					
в.	Full Name (Last, First, Middle Initial) Mr. Todd C Linden			Date of Receipt			
р.				'			
	Mailing Address 210 Fourth Avenue			M M / D D / Y Y Y Y 11 1 03 2008			
	City	State	Zip Code	Transaction ID: 16091651			
	Grinnell	IA	50112-1886	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Grinnell Regional Medical	Occupation		-			
	Center	President an	nd Chief Executive Officer				
	Receipt For:	Aggregate Yea	ar-to-Date 🔻				
	Primary General		050.00				
	Other (specify)	0 0 0	250.00				
~	Full Name (Last, First, Middle Initial)	I		Data of Pagaint			
C.	Mr. Gregory A Paris, , CHE Mailing Address 6580 165th Street			Date of Receipt			
				M M / D D / Y Y Y Y 1 1 0 3 2 0 0 8			
	City	State	Zip Code	Transaction ID: 16091652			
	Albia	IA	52531-8793	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Monroe County Hospital	Occupation Chief Execut	tive Officer				
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	1			
	Primary General	, iggi egute i et		1			
	Other (specify)	0 0 0	250.00				
	SUBTOTAL of Receipts This Page (optional)			750.00			
	TOTAL This Period (last page this line number	only)					

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 132 / 233					
	•		for each category of the	(check only one)					
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
ſ	Any information copied from such Reports and S	Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions					
	or for commercial purposes, other than using the	solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC								
L L	Full Name (Last, First, Middle Initial)								
Α.	Mr. David E Phelps								
	Mailing Address 725 North Street			M M / D D / Y Y Y Y					
				11 13 2008					
	City	State	Zip Code	Transaction ID: 16093248					
	Pittsfield	МА	01201-4124	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	rederal political committee.								
	Name of Employer	Occupation	1	-1					
	Berkshire Health Systems, Inc.		and Chief Executive Officer						
	Receipt For:		Year-to-Date V	_					
	Primary General	Aggregate							
	Other (specify)		250.00						
-	Full Name (Lost First Middle Isticl)								
В.	Full Name (Last, First, Middle Initial) Mr. Gary A Perkins, CHE			Date of Receipt					
Ь.	Mailing Address 8200 Dodge Street			- · · · · · · · · · · · · · · · · · · ·					
	Maining Address 8200 Dodge Street	1 1 1 1 2 2 0 0 8							
	City	State	Zip Code	Transaction ID: 16093250					
			•						
	<u>Omaha</u>	NE	68114-4113	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		350.00					
	federal political committee.								
	Name of Employer	Occupation	1	-					
	Children's Hospital		and Chief Executive Officer						
	Receipt For:	1	_	-					
	Primary General	Aggregate	Year-to-Date						
			350.00						
	Other (specify)								
-									
C.	Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner			Date of Receipt					
С.									
	Mailing Address 160 Allen Street			1 1 1 3 2 0 0 8					
	City	State	Zip Code	Transaction ID: 16093254					
	Rutland	VT	05701-4560						
	Ruliano	V I	05701-4560	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		350.00					
	federal political committee.								
	Name of Employer	Occupation	1						
	Name of Employer Rutland Regional Medical		and Chief Executive Officer						
	Center Receipt For:			-1					
	Primary General	Aggregate	Year-to-Date 🛡						
	Other (specify)		350.00						
г		1							
				950.00					
	SUBTOTAL of Receipts This Page (optional)		••••••	330.00					
ſ									
	TOTAL This Period (last page this line number	only)							

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 / 233
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and St or for commercial purposes, other than using the		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Peter A Hofstetter	Date of Receipt	
	Mailing Address P O Box 1370	M M / D D / Y Y Y Y 11 1 13 2008	
	City	State Zip Code	Transaction ID: 16093256
	Saint Albans	VT 05478-1370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Northwestern Medical Cent-	Occupation Chief Executive Officer	
	er Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	1
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Mr. G. Richard Hastings		Date of Receipt
	Mailing Address 2612 Ashurst Lane		M M / D D / Y Y Y Y 11 1 13 2008
	City	State Zip Code	Transaction ID: 16093257
	Lees Summit	MO 64081-2187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Saint Luke's Health System	Occupation President & CEO	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	400.00]
C.	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon		Date of Receipt
	Mailing Address 220 Windy Ridge		M M / D D / Y Y Y Y 111 13 2008
	City	State Zip Code	Transaction ID: 16093260
	Hollister	MO 65672-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	420.00]
			692.00
	SUBTOTAL of Receipts This Page (optional)	••••••	-
	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 134 / 233 (check only one)		
				X 11a 11b 11c 12		
	[13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Holly Phipps-Adams			Date of Receipt		
	Mailing Address 201 East University Pa	M M / D D / Y Y Y Y 11 1 13 2008				
	City	State	Zip Code	Transaction ID: 16093261		
	Baltimore	MD	21218-2829	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С	0 0 0 0 0	350.00		
	Name of Employer Union Memorial Hospital	lame of Employer Occupation Inion Memorial Hospital Vice President				
	Receipt For:	Aggregate	e Year-to-Date 🔻	1		
	Primary General			1		
	Other (specify)	0 0	350.00			
в.	Full Name (Last, First, Middle Initial) Mr. Bradley Chambers			Date of Receipt		
υ.	Mailing Address 201 East University Pa	arkwav				
	· ·			11 13 2008		
	City	State	Zip Code	Transaction ID: 16093262		
	Baltimore	MD	21218-2895	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupatio	n			
	Union Memorial Hospital	Chief Op	perating Officer			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		250.00	1		
	Other (specify) 🔻	0 0				
C.	Full Name (Last, First, Middle Initial) Mr. Harrison J Rider, III			Date of Receipt		
	Mailing Address 201 East University Pa	arkway		M M / D D / Y Y Y Y 111 13 2008		
	City	State	Zip Code	Transaction ID: 16093263		
	Baltimore	MD	21218-2829	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Union Memorial Hospital	Occupation Presider		-		
	Receipt For:	Aggregat	e Year-to-Date 🔻	1		
	Primary General Other (specify) ▼	0.0	250.00]		
	SUBTOTAL of Receipts This Page (optional)		·····•	850.00		
	TOTAL This Period (last page this line number					
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	v	FOR LINE NUMBER: PAGE 135/233
SCHEDULE A (FEC Form 3	Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	and Statements may not be sold or used by any person og the name and address of any political committee to s	
NAME OF COMMITTEE (In Full)		
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Dr Stuart Bell, , M.D.		Date of Receipt
Mailing Address 201 East Universit	M M / D D / Y Y Y Y 11 13 2008	
City	State Zip Code	Transaction ID: 16093264
Baltimore	MD 21218-2891	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Union Memorial Hospital	Vice President Medical Affairs	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	250.00	
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		
Mr. Rob Lockridge	E. J.D.	Date of Receipt
Mailing Address 14304 Horseshoe	1 1 1 7 2 0 0 8	
City	State Zip Code	Transaction ID: 16093275
Ashland	VA 23005-3163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
University of Virginia Me- dical Center	Director, Government Relations	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)		
Stephen Brown		Date of Receipt
Mailing Address 6541 Raftelis Rd		M M / D D / Y Y Y Y 11 1 17 2008
City	State Zip Code	Transaction ID: 16093834
Burke	VA 22015-4163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Medicorp Health System	Occupation VP Financial Planning]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (option	nal)	950.00
SUBTUTAL OF Receipts This Page (option	ιαι) ►	
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any pers	FOR LINE NUMBER: PAGE 136 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions experimites approximations approximations
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms. Kylanne Silverstone Mailing Address 10620 Belfast Place City Potomac FEC ID number of contributing federal political committee. Name of Employer Inova Health System	State MD C Occupatio Vice Pre		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 / D D / Y Y Y Y Y Transaction ID: 16093841 Amount of Each Receipt this Period 350.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) Mr. Christopher L Wearmouth, , FACHE Mailing Address PO Box 13727	•		Date of Receipt
	City <u>Roanoke</u> FEC ID number of contributing federal political committee.	State VA	Zip Code 24036-3727	Transaction ID: 16093845 Amount of Each Receipt this Period 350.00
	Name of Employer Tazewell Community Hospit- al Receipt For: Primary General Other (specify) v	1	on ht and Chief Executive Office e Year-to-Date ▼ 350.00	ir
- C.	Full Name (Last, First, Middle Initial) Ms. Cheryl Ward Mailing Address 4320 Seminary Road			Date of Receipt
	City <u>Alexandria</u> FEC ID number of contributing federal political committee.	State VA	Zip Code 22304-1500	1 1 1 7 2 0 0 8 Transaction ID: 16093846 Amount of Each Receipt this Period 150.00
	Name of Employer Inova Alexandria Hospital Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	on e Year-to-Date ▼ 300.00	
[SUBTOTAL of Receipts This Page (optional)			850.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X)	Use separate for each cated		FOR LINE NUMBER: PAGE 137 / 233 (check only one)	
I	TEMIZED RECEIPTS	Detailed Sum		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions			
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mark Gordon	Date of Receipt			
	Mailing Address 207 N Allen Ave	M M / D D / Y Y Y Y 11 1 17 2008			
	City	State Zip Code		Transaction ID: 16094162	
	Richmond	VA 23220-3501		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer Bon Secours-Richmond Comm- unity Hospita	Name of Employer Bon Secours-Richmond Comm- unity Hegoita			
	Receipt For:	Aggregate Year-to-Date ▼			
	Other (specify)		350.00		
— В.	Full Name (Last, First, Middle Initial) Ms. Jean M. Brereton			Date of Receipt	
	Mailing Address 106 Cahill Drive			M M / D D / Y Y Y Y 11 1 17 2008	
	City	State Zip Code		Transaction ID: 16094164	
	Alexandria	VA 22304-6445	j	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer Inova Health System	Occupation Executive Director			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Other (specify)		350.00		
– c.	Full Name (Last, First, Middle Initial) Ms. Cynthia Kilgore			Date of Receipt	
-	Mailing Address 9888 Becket Ct.			M M / D D / Y Y Y Y 111172008	
	City	State Zip Code		Transaction ID: 16094166	
	Fairfax	VA 22032-2412	2	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer Inova Health System	Occupation Administrator			
	Receipt For:	Aggregate Year-to-Date V			
	Other (specify)		350.00		
	SUBTOTAL of Receipts This Page (optional)	L	····· •	1050.00	
	TOTAL This Period (last page this line number				

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 138 / 233 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12		
Any information copied from such Reports ar or for commercial purposes, other than using	Ind Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Hospital Association PAC	2			
Full Name (Last, First, Middle Initial) Ms. Diane Gail Stewart	Full Name (Last, First, Middle Initial)			
Mailing Address 124 Boxford Square	Date of Receipt			
City	State Zip Code	Transaction ID: 16094171		
Folsom	CA 95630-6820	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Sutter Center for Psychia- try	Occupation Chief Administrative Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Mr. Patrick Walters		Date of Receipt		
Mailing Address 8321 Private Lane		M M / D D Y		
City	State Zip Code	Transaction ID: 16097476		
Annandale	VA 22003-4473	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer Inova Loudoun Hospital	Occupation Senior Vice President			
Receipt For:	Aggregate Year-to-Date 🔻			
Primary GeneralOther (specify) ▼	350.00			
Full Name (Last, First, Middle Initial) Ms. Amy Adome		Date of Receipt		
Mailing Address 11702 Ravenscalw 106		M M / D D / Y Y Y Y 1 1 1 1 7 2008		
City	State Zip Code	Transaction ID: 16097478		
Fredericksburg	VA 22407-3317	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer Medicorp Health System	Occupation Vice President			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Primary GeneralOther (specify) ▼	350.00			
SUBTOTAL of Receipts This Page (optiona	l)	950.00		
TOTAL This Period (last page this line num	ber only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions realisit contributions realisit contributions realisit contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
А.	Full Name (Last, First, Middle Initial) Ms. Christine M. Candio Mailing Address 501 Holland Lane	Date of Receipt		
	Alexandria	VA	22314-3553	Transaction ID: 16097479 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Inova Health System	Occupation CEO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 350.00]
В.	Full Name (Last, First, Middle Initial) Harry Bryd, III Mailing Address PO Box 472			Date of Receipt
				11 17 2008
	City	State	Zip Code	Transaction ID: 16097481
	Berryville	VA	22611-0472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Valley Health System	Occupation Trustee		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 350.00]
C.	Full Name (Last, First, Middle Initial) Ms. Megan R Perry			Date of Receipt
	Mailing Address 3000 Coliseum Drive			M M / D D / Y Y Y Y 11 1 17 2008
	City	State	Zip Code	Transaction ID: 16098777
	Hampton FEC ID number of contributing federal political committee.	C	23666-5963	Amount of Each Receipt this Period
	Name of Employer Sentara CarePlex Hospital	Occupation Vice Presid	dent and Administrator	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 350.00]
	SUBTOTAL of Receipts This Page (optional)	•		1050.00
	TOTAL This Period (last page this line number	only)		

C	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 140 / 233
	· · ·		arate schedule(s)	(check only one)
	TEMIZED RECEIPTS		category of the	X 11a 11b 11c 12
		Detailed	Summary Page	
Г	Anninformation annial fram anal Danasta and f			
	Any information copied from such Reports and s or for commercial purposes, other than using the	name and address of any	or used by any perso	n for the purpose of soliciting contributions
		Thanic and address of any		
`				
	American Hospital Association PAC			
∠ 4.	Full Name (Last, First, Middle Initial) James Dunn	Date of Receipt		
	Mailing Address 2406 Worchester Rd	M M / D D / Y Y Y Y 11 1 17 2008		
	City	State Zip Coc	10	Transaction ID: 16098778
	Midlothian	•		
	Midiotriari	VA 23113-	6058	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer	Occupation		-
	Name of Employer Bon Secours-Richmond Comm-	Organizational Dire	ctor	
	unity Hospita Receipt For:	1 - - -		-
		Aggregate Year-to-Dat	e *	
			350.00	
	Other (specify) ▼	0 0 0 0	0 0 0 0	
-	Full Name (Last, First, Middle Initial) Mr. Al Pilong	I		Date of Receipt
	Mailing Address 508 Old Fort Road	M M / D D / Y Y Y Y 111 17 2008		
	City	State Zip Coo	le	Transaction ID: 16098790
	Winchester	VA 22601-	2914	Amount of Each Receipt this Period
			1 1 1	
	FEC ID number of contributing federal political committee.			350.00
	Name of Employer Valley Health System	Occupation		7
	Valley Health System	Vice President		
	Receipt For:	Aggregate Year-to-Dat	e 🔻	
	Primary General		1 1 1 1 1	
	Other (specify)	0 0 0 0	350.00	
_	Full Name (Last, First, Middle Initial)			
	Dr. Thomas Thames, M.D.			Date of Receipt
-	Mailing Address 1309 Smith Cove Circ			
				11 17 2008
	City	State Zip Coo	le	Transaction ID: 16098794
	Virginia Beach	VA 23455-		
		vn 20400-	0004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Maryview Medical Center	Occupation		1
	waryview Medical Center	Interim Chief Medic	al Officer	
	Receipt For:	Aggregate Year-to-Date	e ▼	1
	Primary General		i i i i i	
	Other (specify)		350.00	
		0 0 0 0	0 0 0 0	
Γ	SUBTOTAL of Receipts This Page (optional) .			1050.00
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	TOTAL This Period (last page this line number	only)		
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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 141 / 233 (check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and s or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Emory W. Tibbs, Jr.			Date of Receipt
	Mailing Address Belleview Ave. at Jeffe	M M / D D / Y Y Y Y 111 17 2008		
	City	State	Zip Code	Transaction ID: 16098797
	Roanoke	VA	24014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Carilion Health System	Occupatio Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
В.	Full Name (Last, First, Middle Initial) Mr. Sean T. Barden			Date of Receipt
	Mailing Address 11422 Bluff's Ridge	M M / D D / Y Y Y Y 11 1 17 2008		
	City	State	Zip Code	Transaction ID: 16098798
	Spotsylvania	VA	22551-8915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Medicorp Health System	Occupatio EVP/CFC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
С.	Full Name (Last, First, Middle Initial) Mr. James Grebosky			Date of Receipt
	Mailing Address 11409 North Club Driv	ve		M M / D D / Y Y Y Y 11 1 17 2008
	City	State	Zip Code	Transaction ID: 16098812
	Fredericksburg	VA	22408-2064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Medicorp Health System		al Director	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	350.00	
	SUBTOTAL of Receipts This Page (optional) .			1050.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 233 (check only one) I1a X 11a 11b I3 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	for the purpose of soliciting contributions			
Α.	Full Name (Last, First, Middle Initial) Patti McCue Mailing Address 108 Bethel Park Dr City Lynchburg FEC ID number of contributing federal political committee.	State Zip Code VA 24502-5261	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 2 0 0 8 Transaction ID: 16098814 Amount of Each Receipt this Period 350.00		
	Name of Employer Centra Health Receipt For: Primary General Other (specify) ▼	Occupation Sr VP Patient Care Services Aggregate Year-to-Date ▼ 350.00	-		
В.	Full Name (Last, First, Middle Initial) Mr Lewis C Addison Mailing Address 1920 Atherholt Road		Date of Receipt		
	City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Centra Health Receipt For:	State Zip Code VA 24501-1104 C Occupation Senior Vice President and Chief Finant Aggregate Year-to-Date	Transaction ID: 16098815 Amount of Each Receipt this Period 350.00		
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	350.00			
C.	Mr. James E Haden Mailing Address 459 Locust Avenue City	State Zip Code	Date of Receipt $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Charlottesville FEC ID number of contributing federal political committee.	VA 22902-4808	Amount of Each Receipt this Period 350.00		
	Name of Employer Martha Jefferson Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 350.00	-		
	SUBTOTAL of Receipts This Page (optional)	▶	1050.00		
	TOTAL This Period (last page this line number only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions removed from our background 10 17
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Joanne Gutliph, MD Mailing Address 7965 Valderrama Ct.	Date of Receipt		
	City State Zip Code			
	Gainesville	VA	20155-2825	Transaction ID: 16098831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Prince William Hospital	Occupation Physician/	/Trustee	
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 350.00]
В.	Full Name (Last, First, Middle Initial) Andrews Briggs Mailing Address 3215 Grandin Rd			Date of Receipt
		11 17 2008		
	City	State	Zip Code	Transaction ID: 16098832
	Roanoke	VA	24018-2119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Carilion Health System	Occupation General C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
С.	Full Name (Last, First, Middle Initial) Dr. David Levin, MD.			Date of Receipt
	Mailing Address 1476 Bridge Point Trai			1 1 / D D / Y Y Y Y 1 1 7 2 0 0 8
	City Suffolk	State VA	Zip Code 23432-1320	Transaction ID: 16098840
	FEC ID number of contributing federal political committee.	C	23432-1320	Amount of Each Receipt this Period 350.00
	Name of Employer Sentara Healthcare	Occupation Vice Presi	dent Medical Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 233 (check only one) 11a X 11a 13 14 15 16			
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
A.	Full Name (Last, First, Middle Initial) Mr. Jeff Burke Mailing Address 12600 Foxstone Court	Mr. Jeff Burke				
	City Midlothian	State Zip Code VA 23113-2279	1 1 7 2 0 8 Transaction ID: 16098841 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	350.00			
	Name of Employer Bon Secours-Richmond Comm- unity Hospita Receipt For: Primary General Other (specify) ▼	Occupation Chief Information Officer Aggregate Year-to-Date ▼ 350.00				
В.	Full Name (Last, First, Middle Initial) Mr Reese Jackson Mailing Address 103 Anne Glass Road		Date of Receipt			
	City	State Zip Code	1 1 1 7 2 0 0 8 Transaction ID: 16098849			
	Winchester	VA 22602-6679	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	350.00			
	Name of Employer Valley Health System	Occupation Executive Vice President				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 350.00				
C.	Full Name (Last, First, Middle Initial) Mr. David Adams		Date of Receipt			
	Mailing Address 1045 Ashland Place		M M / D D / Y Y Y Y 111 17 2008			
	City Lynchburg	State Zip Code VA 24503-2533	Transaction ID: 16098855			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00			
	Name of Employer Centra Health	Occupation Vice President				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 350.00				
	SUBTOTAL of Receipts This Page (optional)		1050.00			
	TOTAL This Period (last page this line number of	only)				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 145 / 233		
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	ITEMIZED RECEIPTS		for each category of the	(check only one)		
			Detailed Summary Page			
	Г			13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Dr. Barbara Brown, Ph.D.			Date of Receipt		
	Mailing Address 11 Countryside Lane	M M / D D / Y Y Y Y 11 1 17 2008				
	City	State	Zip Code	Transaction ID: 16098857		
	Richmond	VA	23229-7928	Amount of Each Receipt this Period		
	FEC ID number of contributing		8 8 8 8 8 8 8			
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation Vice Pre				
	Receipt For:	Aggregat	e Year-to-Date 🔻	-		
	Primary General	7 iggi ogai		1		
	Other (specify)	0 0	350.00			
в.	Full Name (Last, First, Middle Initial) Ms. Kathryn Wall			Date of Receipt		
	Mailing Address 11513 Kingswood Blvc	l.		M M / D D / Y Y Y Y 11 1 17 2008		
	City	State	Zip Code	Transaction ID: 16098858		
	Fredericksburg	VA	22408-1882	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer Medicorp Health System	Occupation Executiv	on re Vice President	_		
	Receipt For:	Aggregat	e Year-to-Date 🔻	-		
	Primary General	, iggi ogut		1		
	Other (specify)	0 0	350.00			
C.	Full Name (Last, First, Middle Initial) Mr. Patrick B Nolan	1		Date of Receipt		
	Mailing Address 1000 N. Shenandoah A	Avenue		M M / D D / Y Y Y Y 11 1 17 2008		
	City	State	Zip Code	Transaction ID: 16098868		
	Front Royal	VA	22601	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer Warren Memorial Hospital	Occupation Presider	on ht and Chief Executive Office	r		
	Receipt For:	Aggregat	e Year-to-Date 🔻			
	Primary General	, iggi ogut		1		
	Other (specify)	0 0	350.00	1		
	SUBTOTAL of Receipts This Page (optional)			1050.00		
	TOTAL This Period (last page this line number					
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	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 146 / 233
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)
			Detailed Summar	y Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma	y not be sold or used dress of any political of	by any persor	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	, Full Name (Last, First, Middle Initial) Mr. James C. Lewis				Date of Receipt
	Mailing Address 11 Steeplechase Road	M M / D D / Y Y Y Y 111 17 2008			
	City	State	Zip Code		Transaction ID: 16098869
	Fredericksburg	VA	22405-3312		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Medicorp Health System	Occupatio Vice Pre	n sident of Finance		
	Receipt For:		e Year-to-Date 🔻		1
	Primary General			400.00	
	Other (specify)	0 0	0 0 0 0		
в.	Full Name (Last, First, Middle Initial) Mr Stephen K Givens				Date of Receipt
	Mailing Address 351 Court Street NE				M M / D D / Y Y Y Y 11 1 17 2008
	City	State	Zip Code		Transaction ID: 16098884
	Abingdon	VA	24210-2955		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		<u> </u>	350.00
	Name of Employer Johnston Memorial Hospital	Occupatio Chief Op	n Derating Officer		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0		350.00	
C.	Full Name (Last, First, Middle Initial) Mr. Stephen Cooley				Date of Receipt
•	Mailing Address 4117 Crossgate Drive				1 1 1 7 2 0 0 8
	City	State	Zip Code		Transaction ID: 16098899
	Fredericksburg	VA	22408-9538		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer Medicorp Health System	Occupatio Vice Pre			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0		700.00	
	SUBTOTAL of Receipts This Page (optional)	1			750.00
	SUBTUTAL OF NECEIPIS THIS FAGE (Optional)			····· •	
	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 147 / 233 (check only one) X X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas Lee Mailing Address 3201 First Street		Date of Receipt
	City Emmetsburg	State Zip Code IA 50536-2516	1 1 0 3 2 0 8 Transaction ID: 16099506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	232.50
	Name of Employer Palo Alto County Health System Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 232.50	
В.	Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings Mailing Address 2829 Cheswick Rd.		Date of Receipt
	City	State Zip Code	Transaction ID: 16100910
	Quincy	IL 62301-6380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Blessing Hospital Receipt For:	Occupation President and Chief Executive Officer	_
	Primary General Other (specify) ▼	Aggregate Year-to-Date 1400.00	
C.	Full Name (Last, First, Middle Initial) Mr. Alan H Channing		Date of Receipt
	Mailing Address California Avenue at 15	oth St	M M / D D / Y
	City Chicago	State Zip Code	Transaction ID: 16100912
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 750.00
	Name of Employer Sinai Health System	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	•	1282.50
	TOTAL This Period (last page this line number of	only)	

				FOR LINE NUMBER: PAGE 148 / 233			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
	ITEMIZED RECEIPTS			X 11a 11b 11c 12			
			Detailed Outfindary Fage	13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements main and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Dr. Ann Errichetti, , M.D.						
	Mailing Address 17800 South Kedzie A			1 1 / 1 8 / Y Y Y Y 1 1 1 / 1 8 / 2 0 0 8			
	City	State	Zip Code	Transaction ID: 16100915			
	Hazel Crest	IL	60429-2029	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		750.00			
	Name of Employer Advocate South Suburban Hospital	Occupatio Presiden		-			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General	1	750.00				
	Other (specify)	0 0					
В.	Full Name (Last, First, Middle Initial) Mr. Jeff Hill			Date of Receipt			
	Mailing Address 215 Summit Street			M M / D D / Y Y Y Y 111 18 2008			
	City	State	Zip Code	Transaction ID: 16100917			
	Galena	IL	61036-1697	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer Midwest Medical Center	Occupatio Chief Ex	n ecutive Officer	-			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		400.00				
	Other (specify) ▼	0.0					
C.	Full Name (Last, First, Middle Initial) Mr. Martin Manning			Date of Receipt			
	Mailing Address 3013 Mary Kay Lane			M M / D D / Y Y Y Y 111 18 2008			
	City	State	Zip Code	Transaction ID: 16100967			
	Glenview	IL	60026-1162	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer Advocate Health Care	Occupatio Chief Ex	n ecutive Officer				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	400.00				
	SUBTOTAL of Receipts This Page (optional)		••••••	1550.00			
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	fo De	se separate schedule(s) r each category of the etailed Summary Page pe sold or used by any perso	FOR LINE NUMBER: PAGE 149 / 233 (check only one)
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and address	of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr Tim C Miller, , M.D. Mailing Address 530 NE Glen Oak Ave	nue		Date of Receipt
	City	State	Zip Code	Transaction ID: 16100969
	Peoria		61637-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer OSF Saint Francis Medical Center Receipt For:	Occupation Director Medi		-
	Primary General Other (specify) $rightarrow$	Aggregate Year	-to-Date •]
- В.	Full Name (Last, First, Middle Initial) Mr. James H Skogsbergh Mailing Address 2025 Windsor Drive	1		Date of Receipt
	<u></u>	0	7 ' - 0 - 1 -	11 18 2008
	City Oak Brook		Zip Code 60523-1586	Transaction ID: 16101343
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Advocate Health Care	1 1	I Chief Executive Office	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year	-to-Date • 1000.00]
- С.	Full Name (Last, First, Middle Initial) Ms. Terri L. Allen			Date of Receipt
	Mailing Address 1151 East Warrenville	Road		1 1 1 8 2 0 0 8
	City	State	Zip Code	Transaction ID: 16101351
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		196.00
	Name of Employer Illinois Hospital Associa- <u>tion</u> Receipt For:	Occupation Regional Man Aggregate Year	0	_
	Primary General Other (specify) ▼		238.00]
	SUBTOTAL of Receipts This Page (optional)		······	1496.00
Γ	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 150 / 233 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt
	Mailing Address 1151 E. Warrenville Ro	bad		M M / D D / Y Y Y Y 11 1 18 2008
	City	State	Zip Code	Transaction ID: 16101353
	Naperville FEC ID number of contributing federal political committee.	C	60563-9339	Amount of Each Receipt this Period 625.00
	Name of Employer Illinois Hospital Associa-	Occupatio	n sident, Finance	
	tion Receipt For: Primary General Other (specify) ▼		9 Year-to-Date ▼ 906.25	1
в.	Full Name (Last, First, Middle Initial) Ms. Mary Byrne	0 0	0 0 0 0 0 0 0 0	Date of Receipt
Б.	Mailing Address 304 Central Park			M M / D D / Y Y Y Y 11 1 18 2008
	City Willing of the	State	Zip Code	Transaction ID: 16101354
	Wilmette FEC ID number of contributing federal political committee.	C	60091-3206	Amount of Each Receipt this Period
	Name of Employer Illinois Hospital Associa- tion Receipt For:		Contract Operations	
	Primary General Other (specify)		e Year-to-Date V 302.18]
C.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt
	Mailing Address 740 North Hayes			M M / D D / Y Y Y Y 11 1 18 2008
	City Oak Park	State IL	Zip Code	Transaction ID: 16101361
	FEC ID number of contributing federal political committee.	C	60302-1706	Amount of Each Receipt this Period 416.70
	Name of Employer Illinois Hospital Associa- tion		General Counsel	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1054.21]
	SUBTOTAL of Receipts This Page (optional)			1250.10
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷ A.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco	Date of Receipt	
	Mailing Address 1151 East Warrenville	Road	M M / D D / Y Y Y Y 11 1 18 2008
	City	State Zip Code	Transaction ID: 16101372
	Naperville	IL 60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	625.00
	Name of Employer Illinois Hospital Associa-	Occupation	7
	tion Receipt For:	Director of Development Aggregate Year-to-Date	-1
	Primary General Other (specify) ▼	906.25	
- В.	Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia		Date of Receipt
	Mailing Address 1151 E. Warrenville Ro	d.	M M / D D / Y Y Y Y 11 1 18 2008
	City	State Zip Code	Transaction ID: 16101373
	Naperville	IL 60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.40
	Name of Employer Illinois Hospital Associa- tion	Occupation Director, Human Resources	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 302.18	
– c.	Full Name (Last, First, Middle Initial) Ms. Barbara Filliung		Date of Receipt
0.	Mailing Address 1013 59th Street		
	City	State Zip Code	Transaction ID: 16101375
	Lisle	IL 60532-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.40
	Name of Employer Illinois Hospital Associa- tion	Occupation Director, Government Relations	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify)	302.18	
Γ	SUBTOTAL of Receipts This Page (optional)		1041.80
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 233 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Brian Foster Mailing Address 1151 E. Warrenville Rc	l.	Date of Receipt
	PO Box 3015 City	State Zip Code	Transaction ID: 16101376
	Naperville	IL 60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.70
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 604.21]
в.	Full Name (Last, First, Middle Initial) Ms. Tamara Lynn Gamrat Mailing Address 1911 Hamilton Street		Date of Receipt
			11 18 2008
	City	State Zip Code	Transaction ID: 16101388
	Murphysboro	IL 62966-1519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	156.30
	Name of Employer Illinois Hospital Associa- tion	Occupation Administrator	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	226.63	
C .	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild		Date of Receipt
	Mailing Address 1151 E. Warrenville Ro PO Box 3015		M M / D D / Y
	City Naperville	State Zip Code	Transaction ID: 16101390
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 416.70
	Name of Employer Illinois Hospital Associa- tion	Occupation Assistant Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 604.21]
	SUBTOTAL of Receipts This Page (optional)	••••••	989.70
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 233 (check only one) 11a X 11a 11b I3 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane City Wheaton FEC ID number of contributing federal political committee. Name of Employer Central DuPage Hospital	State Zip Code IL 60187-3317 C Occupation President	Date of Receipt M M / D D / Y
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.02	
В.	Full Name (Last, First, Middle Initial) Ms. Teresa Hursey Mailing Address 1151 East Warrenville	Road	Date of Receipt
	City <u>Naperville</u> FEC ID number of contributing federal political committee.	State Zip Code IL 60563-9339	Transaction ID: 16101401 Amount of Each Receipt this Period 625.00
	Name of Employer Illinois Hospital Associa- tion Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Finance Aggregate Year-to-Date ▼ 906.25	
C.	Full Name (Last, First, Middle Initial) Ms. Susan Kaufman Mailing Address 1151 E. Warranville Ro	l	Date of Receipt
	City <u>Naperville</u> FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Associa- tion Receipt For:	State Zip Code IL 60563-9339 C Occupation Assistant Vice President Aggregate Year-to-Date	11 18 2008 Transaction ID: 16101403 Amount of Each Receipt this Period 210.00
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	304.50	1427.12
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 154 / 233
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
ſ				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions osolicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis	Date of Receipt		
	Mailing Address 1151 East Warrenville	e Road		M M / D D / Y
	City	State	Zip Code	Transaction ID: 16101412
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.40
	Name of Employer Illinois Hospital Associa-	Occupation	n Government Relations	_
	tion Receipt For:	1	Year-to-Date V	
	Primary General	, iggi ogaio		
	Other (specify)	0 0	302.18	
в.	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges	•		Date of Receipt
	Mailing Address 1151 E. Warrenville R PO Box 3015	load		M = M / D = D / Y = Y = Y Y 1 1 1 8 2 0 8
	City	State	Zip Code	Transaction ID: 16101420
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres		_
	tion Receipt For:	1	Year-to-Date V	
	Primary General	, iggi ogaio		
	Other (specify)	0 0	906.25	
С.	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III			Date of Receipt
	Mailing Address 4109 Southwoods Roa	ad		M M / D D / Y Y Y Y 111 18 2008
	City	State	Zip Code	Transaction ID: 16101430
	<u>Springfield</u>	IL	62707-6070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date V	7
	Primary General Other (specify) ▼		906.25	
		1		1458.40
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 233 (check only one) X X 11a 11b 11c 13 14 15 16 17
Any information copied for for commercial purpos	rom such Reports and Statemen ses, other than using the name a	ts may not be sold or used by any person address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMIT	TEE (In Full) I Association PAC		
Full Name (Last, First	t, Middle Initial)		Date of Receipt
Mailing Address 11	41 East Warrenville Road		1 1 1 0 D / Y Y Y Y 1 1 1 1 8 2 0 0 8
City	Sta	ate Zip Code	Transaction ID: 16101432
Naperville	IL	60563-1493	Amount of Each Receipt this Period
FEC ID number of co federal political comm			750.00
Name of Employer Illinois Hospital Asso	cia- Occ	upation President	
tion Receipt For:		regate Year-to-Date V	
Primary Other (specify)	General	950.00]
Full Name (Last, First Mr. Kenneth C. Robbin			Date of Receipt
Mailing Address 15	531 Maria Court		M M / D D / Y Y Y Y 111 18 2008
City	Sta	ate Zip Code	Transaction ID: 16101434
Wheaton	<u> </u>	60187-3777	Amount of Each Receipt this Period
FEC ID number of co federal political comm			625.00
Name of Employer Illinois Hospital Assocition	cia- Occ	upation sident	_
Receipt For:	Agg	regate Year-to-Date 🔻	
Other (specify)	General ▼	906.25]
Full Name (Last, First Ms. Jo Ann Spoor	t, Middle Initial)		Date of Receipt
Mailing Address 70	0 South Second Street		M M / D D / Y Y Y Y 111 18 2008
City	Sta	1	Transaction ID: 16101441
<u>Springfield</u>	IL.	62704-2516	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer Illinois Hospital Assocition		upation lager, Finance	
Receipt For:		regate Year-to-Date V	
Primary Other (specify)	General ▼	362.50]
SUBTOTAL of Receipts	s This Page (optional)		1625.00

SCHEDI	JLE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 156 / 233
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Any informat	ion copied from such Departs and St	tatomonto mo		13 14 15 16 17
or for comme	ercial purposes, other than using the	name and ad	dress of any political committee t	on for the purpose of soliciting contributions osolicit contributions from such committee.
	F COMMITTEE (In Full)			
America	an Hospital Association PAC			
	e (Last, First, Middle Initial) ne Williams	Date of Receipt		
Mailing A	ddress 1151 E. Warrenville Ro	bad		M M / D D / Y Y Y Y 111 18 2008
City		State	Zip Code	Transaction ID: 16101445
<u>Napervi</u>	lle	IL	60563-9339	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		625.00
	Employer ospital Associa-	Occupatio Director	pn	
<u>tion</u> Receipt F	For:	r I	e Year-to-Date 🔻	
	mary General			
Oth	ler (specify) ▼	0 0	906.25	
Full Name B. Mr. Alan C	e (Last, First, Middle Initial) Dive			Date of Receipt
Mailing A	ddress 10101 Double R Blvd			M M / D D / Y Y Y Y 111 18 2008
City		State	Zip Code	Transaction ID: 16101452
Reno		NV	89521-5931	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
Name of Renown	Employer Regional Medical	Occupatio		
Center	-	Administ		
Receipt F	nary General	Aggregate	e Year-to-Date 🔻	-
	ler (specify) ▼	0 0	500.00	
	e (Last, First, Middle Initial) ck J. Jacobs	I		Date of Receipt
	ddress 23 E. Delaware Avenue	е		M M / D D / Y Y Y Y 11 1 14 2008
City		State	Zip Code	Transaction ID: 16105718
Penning	iton	NJ	08534-2302	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		5.00
Name of New Jers	Employer ey Hospital Assoc-	Occupatio General		
Receipt F	For:	1 I	e Year-to-Date 🔻	
	mary General her (specify) v		290.00	
	ici (Shecilià) 🛦			-
SUBTOTAL	of Receipts This Page (optional)			1130.00
TOTAL Thi	s Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 157 / 233	
			Use separate schedule(s) for each category of the	(check only one)	
	ITEMIZED RECEIPTS	Detailed Summary Page			
[13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr			Date of Receipt	
	Mailing Address 2378 Orchard Crest B	lvd.		M M / D D / Y Y Y Y 11 1 14 2008	
	City	State	Zip Code	Transaction ID: 16105721	
	<u>Manasquan</u>	NJ	08736-4001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer New Jersey Hospital Assoc-	Occupatio	on	-	
	New Jersey Hośpital Assoc- iation		ormation Officer		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		230.00	1	
	Other (specify)	0 0]	
в.	Full Name (Last, First, Middle Initial) Mr. Robert M. D'Angel	•		Date of Receipt	
	Mailing Address 106 Birches Lane			M M / D D / Y Y Y Y 11 1 14 2008	
	City	State	Zip Code	Transaction ID: 16105723	
	Bryn Mawr	PA	19010-2229	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer South Jersey Healthcare	Occupatio General			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		250.00]	
-	Full Name (Last, First, Middle Initial)				
C.	Mr. Sean J. Hopkins			Date of Receipt	
	Mailing Address 6180 Lower Mountain	Road		M M / D D / Y Y Y Y 111 14 2008	
	City	State	Zip Code	Transaction ID: 16105724	
	New Hope	PA	18938-5760	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.42	
	Name of Employer New Jersey Hospital Assoc- iation		Health Economics		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_	
	Other (specify) ▼		314.19]	
[SUBTOTAL of Receipts This Page (optional)			400.42	
	SUBICIAL OF RECEIPTS THIS FAGE (OPTIONAL)				
	TOTAL This Period (last page this line number	only)			

ITEMIZED RECEIPTS Use separate schedule(s) breach category of the Detailed Summary Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC An Ming Address 4 Poppy Lane Date of Receipt City State Part Policial committee. Occupation Name (Last, First, Middle Initial) Maining Address Name of Employer Occupation Name of Employer Occupation Name of Employer Aggregate Year-to-Date ▼ Mailing Address 121 Clear Creek Road City State Zip Code Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code Name of Employer Aggregate Year-to-Date ▼ Table of Receipt Mailing Address 121 Clear Creek Road Table of Receipt City State Zip Code Table of Receipt Mailing Address 121 Cle					FOR LINE NUMBER: PAGE 158 / 233
ITEEMIZED RECEIPTS Date of eccept Item contended purposes of the flux sample name and address of any policial committee is safet contributions of contributions of the purpose of safet flux nuclei contributions. Item contended purposes of safet flux nuclei contributions of the purpose of safet flux nuclei contributions. NAME OF COMMITTEE (in flux) Namerican Hospital Association PAC A. Maing Address 4 Poppy Lane City State Date of Receipt Maing Address 4 Poppy Lane City State Prinary C Maing Address 4 Poppy Lane City State Prinary C Maing Address 12 (Lagr Creek Road Maing Address 12 (Lagr Creek Road City State Prinary General Origonal feeding Date of Each Receipt Ithe Princip Maing Address 12 (Lagr Creek Road City State Pare of Employee Aggregate Veant Date V Maing Address 12 (Lagr Creek Road City State 20 Code Maing Address 27 (Lagr Creek Road City State 20 Code		SCHEDULE A (FEC Form 3X)			
Local Control (Control (Contro) (Control (Control (Control (Control (Control (Control (Control (C		TEMIZED RECEIPTS		0,	
Avery information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Namerican Hospital Association PAC Atter Commendation (Last, First, Model initial) memory of contributing federal point of both association particular committee to solicit contributing federal point of contributing federal point of contributing federal point of both association PAC (Section Contributing federal point of contributing f				Detailed Summary Page	
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) Amorican Hospital Association PAC Full Name (Last, First, Middle Initial) Maing Address A Poppy Lane City Howell Name, of Employer Howell Name, of Employer Period Processor Print Processor		Any information conied from such Penerte and St	tatomonte ma	w not be cold or used by any pers	
NAME OF COMMITTEE (in Full) American Hospital Association PAC Fill Name (Last, First, Middle Initial) M. Reget Address A. Milling Address A. The Address A. Milling Address A. Milling Address Adgregate Year-to-Date Anount of Each Receipt Milling Adgregate Year-to-Date Mailing Address 121 Clear Creek Road City State Mailing Address 121 Clear Creek Road City State Mailing Address 121 Clear Creek Road City State Mailing Address 121 Clear Creek Road City State Agerogate Year-to-Date Name of Enclopter		or for commercial purposes, other than using the	name and ad	dress of any political committee t	o solicit contributions from such committee.
American Hospital Association PAC Full Name (Last, First, Middle Initial) Mailing Address 4 Poppy Lane City State Zip Code Howell NJ 07731-1451 FED Dumber of contributing rederal political committee. C Namer of Employer New dorse y Hospital Assoc- iation Predict Precision Namer of Employer Primary General Occupation Pinnary General C City State Zip Code Namer of the specify Aggregate Vear-to Date Date of Receipt Namer (Last, First, Middle Initial) Aggregate Vear-to Date Date of Receipt Mailing Address 121 Clear Creek Road Titing / Date of Receipt Name, dest, First, Middle Initial) Site Zip Code Name, dest, First, Middle Initial) Aggregate Vear-to Date Transaction ID: 16105734 Receipt For: Aggregate Vear-to Date Date of Receipt Primary General Occupation Mailing Address 27 Harvest Lane C Titing / Date of Receipt Mailing Address 27 Harvest Lane Nu 070392750 FEU Io number of contributing recei					
A. Full Name (Last, First, Model Initial) Mailing Address: 4 Poppy Lane Date of Receipt City State Zip Code Howell NJ 07231-1451 FEC ID number of contributing C Transaction ID: 16105728 Receipt For: Occupation VP Health Economics Primary General Qargeau Vear-to-Date Primary General Zip Code Mailing Address 121 Clear Creek Road Transaction ID: 16105728 Receipt For: Aggregau Vear-to-Date Transaction ID: 16105734 Mailing Address 121 Clear Creek Road Transaction ID: 16105734 Anount of Each Receipt Mis Benoid State Zip Code Mailing Address 121 Clear Creek Road Transaction ID: 16105734 Anount of Each Receipt Mis Benoid Site Site Vice President, Human Resources Transaction ID: 16105738 Anount of Each Receipt Mis Benoid Transaction ID: 16105738 Anount of Each Receipt Mis Benoid To 14 / 2008 Core Torsaction ID: 16105738 Anount of Each Receipt Mis Benoid To 14 / 2008 Transaction ID: 16105738					
A. Mailing Address 4 Poppy Lane Date of Receipt City State Zip Code Howell Nu 07731-1451 FEC: ID number of contributing C Amount of Each Receipt this Period New Jersey Hespital Assoc- lation Occupation VP Health Economics Aggregate Year-to-Date ▼ Name of Employer Mailing Address 121 Clear Creek Road Date of Receipt City State Zip Code Name of Employer New Jersey Hespital Assoc- lation Aggregate Year-to-Date ▼ Pace of Receipt Mailing Address 121 Clear Creek Road City State Zip Code Name of Employer New Jersey Hespital Assoc- lation PA 19047-2006 FEC: ID number of contributing federal political committee. C State Zip Code Name of Employer New Jersey Hespital Assoc- lation C State Zip Code Name of Employer Primary General Occupation Vice President, Human Resources Aggregate Year-to-Date ▼ New Jersey Hespital Assoc- lation Nu 07099-2750 Fer Transection D: 16105734 Amount of Each Receipt this Period City State Zip Code Mount					
A. Mailing Address 4 Poppy Lane Date of Receipt City State Zip Code Howell Nu 07731-1451 FEC: ID number of contributing C Amount of Each Receipt this Period New Jersey Hespital Assoc- lation Occupation VP Health Economics Aggregate Year-to-Date ▼ Name of Employer Mailing Address 121 Clear Creek Road Date of Receipt City State Zip Code Name of Employer New Jersey Hespital Assoc- lation Aggregate Year-to-Date ▼ Pace of Receipt Mailing Address 121 Clear Creek Road City State Zip Code Name of Employer New Jersey Hespital Assoc- lation PA 19047-2006 FEC: ID number of contributing federal political committee. C State Zip Code Name of Employer New Jersey Hespital Assoc- lation C State Zip Code Name of Employer Primary General Occupation Vice President, Human Resources Aggregate Year-to-Date ▼ New Jersey Hespital Assoc- lation Nu 07099-2750 Fer Transection D: 16105734 Amount of Each Receipt this Period City State Zip Code Mount		Full Name (Last, First, Middle Initial)			
City State Zip Code Howell NJ 07731-1451 FEC ID number of contributing C Amount of Each Receipt this Period Receipt For: Agrogate Year-to-Date Agrogate Year-to-Date B. Mailing Address 121 Clear Creek Road City State Zip Code Mailing Address 121 Clear Creek Road Transaction ID: 16105728 City State Zip Code Mailing Address 121 Clear Creek Road Transaction ID: 16105734 Annour of Each Receipt Interview State Zip Code Mailing Address 121 Clear Creek Road Transaction ID: 16105734 Annour of Each Receipt Interview State Zip Code Name of Employer Agrogate Year-to-Date Transaction ID: 16105734 Annour of Each Receipt Interview Agrogate Year-to-Date Transaction ID: 16105734 Annour of Each Receipt Interview Agrogate Year-to-Date Transaction ID: 16105734 Annour of Each Receipt For: Agrogate Year-to-Date Transaction ID: 16105738 Mailing Address 27 Harvest Lane City State Zip Code Mailing Address 27 Harvest Lane </th <th>Α.</th> <th></th> <th></th> <th></th> <th>Date of Receipt</th>	Α.				Date of Receipt
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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of ar	ny political committee to	solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. William Ferniany			Date of Receipt
	Mailing Address 500 22nd Street South	, Ste. 40		1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y
	City	State Zip C		Transaction ID: 16105742
	Birmingham	AL 3523	33-3110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UAB Health System	Occupation CEO		
	Receipt For:	Aggregate Year-to-D	Date 🔻	
	 Primary General Other (specify) ▼ 		1000.00	
- B.	Full Name (Last, First, Middle Initial) Dr Nancy Johns	I		Date of Receipt
	Mailing Address 2749 Southwood Road	ł		M M / D D / Y Y Y Y 111 20 2008
	City	State Zip C		Transaction ID: 16105743
	Birmingham	AL 3522	23-1228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Kirkland Clinic at UAB	Occupation Chief Of Staff		
	Receipt For: Primary General	Aggregate Year-to-D	Date 🔻	
	Other (specify) ▼		1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Michael Waldrum, , M.D.			Date of Receipt
	Mailing Address 619 South 19th Street			M M / D D / Y Y Y Y 11 1 20 2008
	City	State Zip C		Transaction ID: 16105744
	Birmingham	AL 3523	33-6505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer University of Alabama Hos- pital	Occupation Chief Operating C	Officer	
	Receipt For:	Aggregate Year-to-D	Date 🔻	
	Other (specify) ▼		1000.00	
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	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Timothy J Thornton		Date of Receipt
	Mailing Address 3257 S. Brookwood Pla	ace	1 1 2 0 Y Y Y Y 1 1 1 2 0 2 0 0 8
	City	State Zip Code	Transaction ID: 16105745
	Birmingham	AL 35223-2018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer University of Alabama Hos-	Occupation Chief Executive Officer	
	pital Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) Mr Dean A Griffin		Date of Receipt
	Mailing Address P O Box 2239		M M / D D / Y Y Y Y 11 20 2008
	City	State Zip Code	Transaction ID: 16105746
	Decatur	AL 35609-2239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Decatur General Hospital	Occupation Senior Vice President and Chief Opera	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	400.00	
- С.	Full Name (Last, First, Middle Initial) Mr. Vahe A. Kazandjian		Date of Receipt
	Mailing Address 8392 Sweet Cherry Lar	ne	M M / D D / Y Y Y Y 1 1 20 2008
	City	State Zip Code	Transaction ID: 16105747
	Laurel	MD 20723-1062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	600.00
	Name of Employer Maryland Hospital Associa- tion	Occupation Sr. Vice President, Research	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
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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 from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Elizabath Rovernan Mailing Address 524 Oella Avenue City State Elicottl City MD Date of Receipt City State Primary General Other (specify for: Cocupation City State Primary General Other (specify for: Cocupation City State Primary General Other (specify for: Cocupation City State Receipt For: Cocupation Receipt For: Cocupation Num of text prevest State Num of text prevest Aggregate Yeer-to-Date V Primary General Other (specify) Cocupation Vice President Continuing Cace Service City State Zip Code Mit lich freem				0,	X 11a 11b 11c 12
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Other (specify) ▼ 220.00 Full Name (Last, First, Middle Initial) Date of Receipt Mr. Erich Florentine Date of Receipt Mailing Address 9 Wyncroft Drive City State Zip Code Woodbine NJ 08270-3503 FEC ID number of contributing federal political committee. C Name of Employer South Jersey Healthcare Occupation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00		Receipt For:	Aggregate Ye	ar-to-Date 🔻	
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federal political committee. 230.00 Name of Employer South Jersey Healthcare Occupation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00		Woodbine	NJ	08270-3503	Amount of Each Receipt this Period
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Primary General Other (specify) ▼ 250.00		Name of Employer South Jersey Healthcare		ent	
Primary General Other (specify) ▼ 250.00		Receipt For:	Aggregate Ye	ar-to-Date 🔻	
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	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Deborah K Zastocki, , FACHE		Date of Receipt
	Mailing Address 97 West Parkway		M M / D D / Y
	City	State Zip Code	Transaction ID: 16105753
	Pompton Plains	NJ 07444-1647	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		325.00
	Name of Employer Chilton Memorial Hospital	Occupation President and Chief Executive	Officer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) 🔻	675	.00
в.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins		Date of Receipt
	Mailing Address 6180 Lower Mountain	Boad	
		load	11 21 2008
	City	State Zip Code	Transaction ID: 16105754
	New Hope	PA 18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.42
	Name of Employer New Jersey Hospital Assoc-	Occupation	
	New Jersey Hospital Assoc- iation	Sr. VP., Health Economics	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	334	.61
C.	Full Name (Last, First, Middle Initial) Mr. Richard A. Pitman		Date of Receipt
	Mailing Address 219 Van Sant Avenue		
			11 21 2008
	City	State Zip Code	Transaction ID: 16105757
	Linwood	NJ 08221-1732	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		500.00
	Name of Employer Shore Memorial Hospital	Occupation	
	Shore Memorial Hospital	Director of Government Relati	ons
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	500	
	SUBTOTAL of Receipts This Page (optional)		845.42
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	NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr Wayne C Schiffner Mailing Address 158 Hearthstone Drive	9		Date of Receipt
	City	State	Zip Code	Transaction ID: 16105759
	Berlin	NJ	08009-9550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Jersey Healthcare	Occupation Executiv	n e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
- B.	Full Name (Last, First, Middle Initial) Mr. Paul R Bengtson Mailing Address PO Box 905			Date of Receipt
	<u></u>	a		11 06 2008
	City	State VT	Zip Code	Transaction ID: 16105853
	Saint Johnsbury FEC ID number of contributing federal political committee.	C	05819-9962	Amount of Each Receipt this Period
	Name of Employer Northeastern Vermont Regi- onal Hospital	- I	ecutive Officer	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 350.00]
- C.	Full Name (Last, First, Middle Initial) Martin G Oscaoal Mailing Address 20 Medical Village Dri			Date of Receipt
				11 21 2008
	City	State	Zip Code	Transaction ID: 16138351
	Edgewood FEC ID number of contributing federal political committee.	C	41017-5401	Amount of Each Receipt this Period 350.00
	Name of Employer St. Elizabeth Medical Cen- ter-North Receipt For: Primary General	1 1	an Resources e Year-to-Date V	1
Г	Other (specify)	0 0	350.00	
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ł	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
A.	, Full Name (Last, First, Middle Initial) Mr. Todd Schmiedeler		Date of Receipt
	Mailing Address 234 East Gray Street,	Ste. 225	M M / D D / Y Y Y Y 11 1 21 2008
	City	State Zip Code	Transaction ID: 16138358
	Louisville	KY 40202-1913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Norton Healthcare	Occupation Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M. Fried, , FACHE	I	Date of Receipt
	Mailing Address 424 Savannah Road		M M / D D / Y Y Y Y 111 21 2008
	City	State Zip Code	Transaction ID: 16138694
	Lewes	DE 19958-1462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Beebe Medical Center	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	750.00	
С.	Full Name (Last, First, Middle Initial) Mr. Chad R. Austin	I	Date of Receipt
	Mailing Address 6518 SW 26th Court		M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code	Transaction ID: 16139081
	Topeka	KS 66614-4305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	175.00
	Name of Employer Kansas Hospital Associati- on	Occupation Vice President, Government Relations	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	290.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	1175.00
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 165 / 233
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	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Ronald L. Bender		Date of Receipt
	Mailing Address 624 Liberty St.		M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code	Transaction ID: 16139655
	Clay Center	KS 67432-1527	Amount of Each Receipt this Period
			Amount of Lach Receipt this Fellod
	FEC ID number of contributing federal political committee.	C	180.00
	Name of Employer Clay County Medical Center	Occupation Chief Executive Officer	-
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify)	355.00	
в.	Full Name (Last, First, Middle Initial) Mr. Todd Burch		Date of Receipt
Ъ.	Mailing Address P O Box 415		- · · · · · · · · · · · · · · · · · · ·
			1 1 / 2 4 / Y Y Y Y 1 1 / 2 4
	City	State Zip Code	Transaction ID: 16139662
	Tribune	KS 67879-0415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Greeley County Health Ser-	Occupation	_
	vices	Administrator and Chief Executive Off	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	500.00	
	Other (specify)		
C.	Full Name (Last, First, Middle Initial) Mr. Michael A Dorsey		Date of Receipt
-	Mailing Address 26303 W 111th Terrac	e	
			11 24 2008
	City	State Zip Code	Transaction ID: 16139668
	Olathe	KS 66061-8434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Providence Medical Center	Occupation President and Chief Executive Officer	-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General		
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)	······	930.00
	TOTAL This Period (last page this line number	oniy)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 166 / 233
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jackie John			Date of Receipt
	Mailing Address Post Office Box 506			1 1 / 2 4 / Y Y Y Y 1 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code	Transaction ID: 16139687
	Phillipsburg	KS	67661-0506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Great Plains Health Allia-	Occupatio	n	
	Great Plains Health Allia- nce, Inc.	Vice Pres	sident, Resource Developme	ent
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			1
	Other (specify)		500.00	
				·
	Full Name (Last, First, Middle Initial)			
В.	Mr. Roger S. John			Date of Receipt
	Mailing Address P O Box 506			1 1 / 2 4 / Y Y Y Y 2 0 0 8
	City	State	Zip Code	Transaction ID: 16139688
	Phillipsburg	KS	67661-0506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		337.50
	Name of Employer Great Plains Health Allia-	Occupatio		
	nce, Inc.	Presiden	t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		587.50	1
	Other (specify)			
~	Full Name (Last, First, Middle Initial)			Data of Respirit
C.	Mr. Gerald J Marquette, , Jr.			Date of Receipt
	Mailing Address 1400 West Fourth PO Box 1446			1 1 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 16139697
	Coffeyville	KS	67337-3306	Amount of Each Receipt this Period
	FEC ID number of contributing			007.50
	federal political committee.	C		267.50
	Name of Employer Coffeyville Regional Medi-	Occupatio	n	
	cal Center	Chief Ex	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			1
	Other (specify)	0 0	517.50	
	SUBTOTAL of Receipts This Page (optional)			1105.00
	TOTAL This Period (last page this line number of	only)	····· •	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page Ind Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 167 / 233 (check only one) 11a X 11a 13 14 15 16 17
NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and address of any political committee to	solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Mr. Larry W. Morris Mailing Address 6508 SW 28th City Topeka	State Zip Code KS 66614	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare	C Occupation Director	400.00
Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Eldon L. Schumacher Mailing Address 12433 Edgewood (Circle	Date of Receipt
City	State Zip Code	Transaction ID: 16139709
Wichita FEC ID number of contributing federal political committee.	KS 67206-3601	Amount of Each Receipt this Period
Name of Employer Great Plains Health Allia- nce, Inc. Receipt For: Primary General	Occupation Vice President Aggregate Year-to-Date	
Other (specify)	225.00	
Full Name (Last, First, Middle Initial) Mr. Vince Variale Mailing Address 1409 East Lake Me	ead Boulevard	Date of Receipt
City	State Zip Code	1 1 2 4 2 0 0 8 Transaction ID: 16140274
North Las Vegas	NV 89030-7120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Vista Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	875.00
TOTAL This Period (last page this line nun	nber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e Deta	separate schedule(s) ach category of the iled Summary Page sold or used by any perso	FOR LINE NUMBER: PAGE 168 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 Information of the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. J. Frazer Rolen, Jr. Mailing Address 2204 Lakeshore Drive Suite 230			Date of Receipt
	City	State Zip	Code	Transaction ID: 16142793
	Birmingham	AL 35	209-6729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Alabama Hospital Associat- ion	Occupation Sr. VP & Directo	or, Federal Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date V 1000.00]
В.	Full Name (Last, First, Middle Initial) Mr. Gregg B. Everett Mailing Address 109 Ocala Drive			Date of Receipt
				10 24 2008
	City		Code	Transaction ID: 16142794
	Montgomery	AL 36	117-6964	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alabama Hospital Associat- ion	- I	ent & General Counse	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to	-Date • 500.00]
C.	Full Name (Last, First, Middle Initial) Ms. Danne J. Howard			Date of Receipt
	Mailing Address 1812 Woodmere Loop			10 [/] 24 [/] 2008
	City	State Zip	Code	Transaction ID: 16142795
	Montgomery	AL 36	117-5004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alabama Hospital Associat- ion		rnment Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date V 500.00]
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number	only)		

	SCHEDIII E & (EEC Form 2V)			FOR LINE NUMBER: PAGE 169 / 233
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. Don Hogan	Date of Receipt		
	Mailing Address 199 Wesobulga Street	M · M / D · D / Y		
	City	State	Zip Code	Transaction ID: 16142796
	Lineville	AL	36266-4743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clay County Hospital	Occupatio		
	Receipt For:	- I	cy Director e Year-to-Date V	—
	Primary General	Aggregate		
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Ms. Jane Knight			Date of Receipt
	Mailing Address 1612 Salisbury Place			M M / D D / Y Y Y Y 10 24 2008
	City	State	Zip Code	Transaction ID: 16142797
	Montgomery	AL	36117-2562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Alabama Hospital Associat- ion	Occupatio Vice Pre	on sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
С.	Full Name (Last, First, Middle Initial) Ms. Rosemary Blackmon			Date of Receipt
0.	Mailing Address 547 Le Grand Place			10 24 2008
	City	State	Zip Code	Transaction ID: 16142798
	Montgomery	AL	36106-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Alabama Hospital Associat- ion	Occupatio Vice Pre	on sident of Public Relations	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
	SUBTOTAL of Receipts This Page (optional)			1200.00
	CODICIAL OF NECEIPIS THIS Fage (optional)			
	TOTAL This Period (last page this line number	only)		L

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) <u>Mr. Daniel A Kane</u> Mailing Address 40 Palisades Avenue			Date of Receipt
	City	State	Zip Code	Transaction ID: 16142861
	Cresskill	NJ	07626-2118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bayonne Medical Center	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
- В.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain	Road		Date of Receipt
		10 24 2008		
	City	State	Zip Code	Transaction ID: 16142873
	New Hope FEC ID number of contributing	PA C	18938-5760	Amount of Each Receipt this Period
	federal political committee.	Occupation		_
	Name of Employer New Jersey Hospital Assoc- iation	· · ·	Health Economics	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		283.77]
- С.	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper			Date of Receipt
	Mailing Address 121 Clear Creek Road			10 ^{//} 24 ^{//} 2008
	City	State	Zip Code	Transaction ID: 16142875
	Langhorne	PA	19047-2306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer New Jersey Hospital Assoc- iation	1 · · · · · · · · · · · · · · · · · · ·	sident, Human Resources	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 220.00]
	SUBTOTAL of Receipts This Page (optional)			260.00
Ī	TOTAL This Period (last page this line number	only)		

				·
	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 171 / 233
	• •		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and S		not be cold or used by any perso	
	or for commercial purposes, other than using the	e name and addr	ess of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr.			Date of Receipt
	Mailing Address 4 Poppy Lane	10 24 2008		
	City	State	Zip Code	Transaction ID: 16142884
	Howell	NJ	07731-1451	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		5.00
	Name of Employer New Jersey Hospital Assoc-	Occupation		
	iation	VP Health	Economics	
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General	1	000.00	1
	Other (specify) 🔻	0 0	220.00	
_				
_	Full Name (Last, First, Middle Initial)			
В.	Ms. Valerie Sellers			Date of Receipt
	Mailing Address 82 Millers Grove Road	1		10 ²⁴ 2008
	City	State	Zip Code	Transaction ID: 16142891
	Belle Mead	NJ	•	
	Delle Meau	INJ	08502-4306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.00
	Name of Employer New Jersey Hospital Assoc-	Occupation		
	New Jersey Hospital Assoc- iation	Senior V.F	P., Health Planning & Resea	ar¢
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify)		345.00	
				-
- С.	Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs			Date of Receipt
С.				—
	Mailing Address 23 E. Delaware Avenue	le		10 24 2008
	City	State	Zip Code	Transaction ID: 16142893
	Pennington	NJ	08534-2302	Amount of Each Receipt this Period
	FEC ID number of contributing			F 00
	federal political committee.	C		5.00
	Name of Employer	Occupation		
	Name of Employer New Jersey Hospital Assoc-	General C	ounsel	
	iation Receipt For:		Year-to-Date V	-1
	Primary General	Ayyreyale		-
	Other (specify)		280.00	
			0 0 0 0 0 0 0	4
Г		1		
	SUBTOTAL of Receipts This Page (optional)			15.00
ļ	CODICIAL OF NECEIPIS THIS Fage (Optional)			
	TOTAL This Period (last page this line number	only)		

				FOR LINE NUMBER: PAGE 172/233				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph P Coyle			Date of Receipt				
	Mailing Address 46 Cypress Lane	10 ^{//} ^{//} [/]						
	City	Transaction ID: 16142908						
	West Creek	NJ	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Southern Ocean County Hos- pital	Occupation Presiden	n t and Chief Executive Office	r				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		500.00	1				
	Other (specify)	0 0						
В.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt				
	Mailing Address 740 North Hayes			M M / D D / Y Y Y Y Y 10 30 2008				
	City	State	Zip Code	Transaction ID: 16142918				
	Oak Park	IL	60302-1706	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		450.00				
	Name of Employer Illinois Hospital Associa-	Occupatio						
	tion	_ _	General Counsel					
	Receipt For: Primary General	Aggregate	e Year-to-Date	-				
	Other (specify) ▼	0.0	637.51					
C.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hewston	1		Date of Receipt				
0.	Mailing Address 10501 State Hwy 285			M M / D D / Y Y Y Y				
				11 24 2008				
	City	State	Zip Code	Transaction ID: 17065009				
	Conneaut Lake	PA	16316	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		0.00				
	Name of Employer Meadville Medical Center	Occupation Director,	ⁿ Rehabilitative Services					
	Receipt For:	Aggregate	e Year-to-Date 🔻	[MEMO ITEM]				
	Primary General Other (specify) ▼		350.00	Refund(s) on Schedule B Totaling \$350.00 This cha- nges the YTD Total to \$35- 0.00				
	SUBTOTAL of Dessints This Daws (articles)	1		950.00				
	SUBTOTAL of Receipts This Page (optional)		·····					
	TOTAL This Period (last page this line number of	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 pp for the purpose of soliciting contributions 11 12 13
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and addre	ss of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan			Date of Receipt
	Mailing Address 506A East Howell Ave	enue		M M / D D / Y Y Y Y 111 24 2008
	City State		Zip Code	Transaction ID: PR1034595121642
	Alexandria	VA	22301-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate D	Director	
	00 0		ear-to-Date V	
	 Primary General Other (specify) ▼ 	0 0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		M M / D D / Y Y Y Y 1 1 2 4 2008
	City	State	Zip Code	Transaction ID: PR1045726221642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa- tion-Washingt	- 1 ·	Washington Counsel	_
	Receipt For: Primary General Other (specify) ♥	Aggregate Ye	ear-to-Date 🛡 936.00	P/R Deduction (\$39.00 Bi- Weekly)
с.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700			1 1 / D D / Y Y Y Y 2 4 2 0 0 8
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR1113464221642
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Section Dire	ector	
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	 Primary General Other (specify) ▼ 		336.00	P/R Deduction (\$14.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)		b	219.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 174 / 233					
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)					
				13 14 15 16 17					
	Any information copied from such Reports and St or for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full)								
	American Hospital Association PAC	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Davon Gray			Date of Receipt					
	Mailing Address 325 Seventh Street, NV Suite 700								
	City	State	Zip Code	Transaction ID: PR1143013021642					
	Washington	DC	20004-2818	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		43.17					
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Legislati	on ve Assistant	-					
	Receipt For:		e Year-to-Date 🔻	1					
	Primary General Other (specify) ▼		321.51	P/R Deduction (\$14.00 Bi- Weekly)					
В.	Full Name (Last, First, Middle Initial) Ms. Erin O'Malley			Date of Receipt					
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y 111 24 2008					
	City	State	Zip Code	Transaction ID: PR1222125721642					
	Washington	DC	20004-2818	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		58.35					
	Name of Employer American Hospital Associa-	Occupatio	n	-					
	American Hospital Associa- tion-Washingt	Project N	Manager						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		311.20	P/R Deduction (\$14.00 Bi- Weekly)					
С.	Full Name (Last, First, Middle Initial) Mr. David L. Allen			Date of Receipt					
0.	Mailing Address 325 Seventh Street, NV	V		M M / D D / Y Y Y Y 111 24 2008					
	City	State	Zip Code	Transaction ID: PR1234662821642					
	Washington	DC	20004-2818	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		42.00					
	Name of Employer American Hospital Associa-	Occupatio	n	1					
	tion-Washingt	Associat	e Director, Media Relations						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	336.00	P/R Deduction (\$14.00 Bi- Weekly)					
	SUBTOTAL of Receipts This Page (optional)			143.52					
	CODICIAL OF RECEIPTS THIS Fage (optional)								
	TOTAL This Period (last page this line number of	only)							

	SCHEDULE A (FEC Form 3X)		Use separate scl	nedule(s)	FOR LINE NUMBER: PAGE 175 / 233	
	TEMIZED RECEIPTS		for each category of the		(check only one)	
_			Detailed Summa	ry Page		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used dress of any political	by any person committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.	
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows				Date of Receipt	
	Mailing Address One North Franklin	1 1 2 4 Y Y Y Y 1 1 1 2 4 2 0 0 8				
	City	State	Zip Code		Transaction ID: PR1260472921642	
	Chicago	IL	60606-3436		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			42.00	
	Name of Employer American Organization of Nurse Executi	Occupatio Director	on of Professional Pi	ractice		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0		336.00	P/R Deduction (\$14.00 Bi- Weekly)	
- В.	Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy				Date of Receipt	
	Mailing Address 1660 Lanier PL Apt. 30	09			M M / D D / Y Y Y Y 11 24 2008	
	City	State	Zip Code		Transaction ID: PR1300853721642	
	Washington	DC	20009-2938		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			42.00	
	Name of Employer American Hospital Associa-	Occupatio				
	tion-Washingt	1	Manager/PAC Coc	ordinator		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify)		0 0 0 0 0	336.00	P/R Deduction (\$14.00 Bi- Weekly)	
- C.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.	1			Date of Receipt	
	Mailing Address One North Franklin				M M / D D / Y Y Y Y 11 24 2008	
	City	State	Zip Code		Transaction ID: PR1339349921642	
	Chicago	IL	60606-3436		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			174.00	
	Name of Employer	ne of Employer Occupation Former Account Executive				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	1	392.00	P/R Deduction (\$58.00 Bi- Weekly)	
ſ	SUBTOTAL of Receipts This Page (optional)	1			258.00	
┝	CODICIAL OF RECEIPTS THIS Fage (Optional)			····· P		
	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 176 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Frances Margolin Mailing Address One North Franklin	Date of Receipt	
			11 24 2008
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347702721642
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Vice President, Operations HRET Aggregate Year-to-Date	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$20.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		11 / 24 / Y Y Y Y 1008
	City	State Zip Code	Transaction ID: PR1347703421642
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation VP, Operations and Account Services	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 480.00	P/R Deduction (\$20.00 Bi- Weekly)
- с.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
0.	Mailing Address One North Franklin		$\begin{array}{c c} M & M \\ 1 & 2 \\ \end{array} $
	City	State Zip Code	Transaction ID: PR1347703621642
	<u>Chicago</u>	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 480.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		160.00
ŀ	TOTAL This Period (last page this line number		

				FOR LINE NUMBER: PAGE 177 / 233				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)				
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
F				13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
		NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC							
A.	Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell			Date of Receipt				
	Mailing Address One North Franklin	M M / D D / Y Y Y Y 11 1 24 2008						
	City	State	Zip Code	Transaction ID: PR1347708421642				
	<u>Chicago</u>	IL	60606-3436	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		159.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Executiv	n e Director	_				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼		901.00	P/R Deduction (\$39.00 Bi- Weekly)				
- B.	Full Name (Last, First, Middle Initial) Ms. Susan Gergely			Date of Receipt				
	Mailing Address One North Franklin			M M / D D / Y Y Y Y 111 24 2008				
	City	State	Zip Code	Transaction ID: PR1347791021642				
	Chicago	IL	60606-3436	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		42.00				
	Name of Employer	Occupatio	n	-				
	American Hospital Associa- tion-Chicago	Director	of Operations, AONE					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼		336.00	P/R Deduction (\$14.00 Bi- Weekly)				
- C.	Full Name (Last, First, Middle Initial) Mr. John Slotman	l		Date of Receipt				
0.	Mailing Address 325 Seventh Street, NV Suite 700	N		M M / D D / Y Y Y Y 111 24 2008				
	City	State	Zip Code	Transaction ID: PR1384065321642				
	Washington	DC	20004-2802	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		60.00				
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associat	n e Director, Federal Relations					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$39.00 Bi- Weekly)				
ſ	SUBTOTAL of Receipts This Page (optional)	I		261.00				
┝	SUBTUTAL OF RECEIPTS THIS FAGE (Uptional)		••••••					
	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 178 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions	
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt	
	Mailing Address One North Franklin		1 1 ^M 2 4 2 0 0 8	
	City	State Zip Code	Transaction ID: PR1492459921642	
	Chicago	IL 60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	54.00	
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - ASHHR		
	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼	324.00	P/R Deduction (\$20.00 Bi- Weekly)	
- B.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt	
	Mailing Address 325 Seventh Street, N Suite 700		M M / D D / Y Y Y Y 11 24 2008	
	City	State Zip Code	Transaction ID: PR327629121642	
	Washington	DC 20004-2818	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		117.00	
	Name of Employer American Hospital Associa-	Occupation Senior Vice President, Public Policy		
	tion-Washingt Receipt For:	Aggregate Year-to-Date V	-	
	Primary General		P/R Deduction (\$39.00 Bi-	
	Other (specify)	936.00	Weekly)	
- C.	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt	
	Mailing Address 11004 Petersborough	Drive	M M / D D / Y Y Y Y 1 1 2 4 2 0 0 8	
	City	State Zip Code	Transaction ID: PR327745921642	
	Rockville	MD 20852-3249	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	117.00	
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	1	
	Receipt For:	Aggregate Year-to-Date V	1	
	Primary General Other (specify) ▼	936.00	P/R Deduction (\$39.00 Bi- Weekly)	
ſ	SUBTOTAL of Receipts This Page (optional)	l	288.00	
┝	SUBTUTAL OF NECEIPLS THIS Page (optional)	····· •		
	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 179 / 233 (check only one)				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue			Date of Receipt				
	Mailing Address 122 N. Greenwood Av	M M / D D / Y Y Y Y 11 24 2008						
	City	State	Zip Code	Transaction ID: PR327771621642				
	Park Ridge	IL	60068-3227	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		42.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Association	on te Director					
	Receipt For:	Aggregat	te Year-to-Date 🔻	7				
	Primary General Other (specify) ▼	0 0	336.00	P/R Deduction (\$14.00 Bi- Weekly)				
– B.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt				
	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y 1 1 2 4 2 0 0 8				
	City	State	Zip Code	Transaction ID: PR327777221642				
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		42.00				
	Name of Employer American Hospital Associa-	Occupatio						
	tion-Chicago Directo		, Long-Term Care					
	Receipt For: Primary General	Aggregat	te Year-to-Date 🔻	D/D Deduction (#14.00 Di				
	Other (specify)		336.00	P/R Deduction (\$14.00 Bi- Weekly)				
-).	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt				
	Mailing Address 1022 S. Harvey Avenu	he		M M / D D / Y Y Y Y 11 24 2008				
	City	State	Zip Code	Transaction ID: PR327777821642				
	Oak Park		60304-2132	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		60.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Vice Pre	on esident, Member Relations					
	Receipt For:	Aggregat	te Year-to-Date 🔻					
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)				
Γ	SUBTOTAL of Receipts This Page (optional)			144.00				
┢			••••••••••••••••••••••••••••••••••••••					
	TOTAL This Period (last page this line number	r only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 180 / 233
П	TEMIZED RECEIPTS		for each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A o	ny information copied from such Reports and St r for commercial purposes, other than using the	Statements may r name and addre	not be sold or used by any perso less of any political committee to	on for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR327801721642
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation		-
	American Hospital Associa- tion-Washingt	Executive	Vice President	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	W		M M / D D / Y Y Y Y Y 11 1 24 2008
	City	State	Zip Code	Transaction ID: PR327812021642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Organization of Nurse Executi	Occupation Executive I	Director	
	Receipt For:	Aggregate Y	'ear-to-Date 🔻	
	Primary General Other (specify) ▼		936.00	P/R Deduction (\$39.00 Bi- Weekly)
— C.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis	1		Date of Receipt
	Mailing Address 6034 North 22nd Stree	et		M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR327831721642
	Arlington	VA	22205-3408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt			
	Receipt For:	Aggregate Y	'ear-to-Date ▼	_
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
[SUBTOTAL of Receipts This Page (optional)	1		237.00
	FOTAL This Period (last page this line number of		•	
ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 181 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan Mailing Address One North Franklin St	reet		Date of Receipt
				11 24 2008
	City Chicago	State IL	Zip Code	Transaction ID: PR327846221642
	FEC ID number of contributing federal political committee.	C	60606	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- <u>tion-Chicago</u> Receipt For: Primary General Other (specify) ▼	- I	n sident, Meetings & Travel Se e Year-to-Date 🔻 336.00	rv P/R Deduction (\$14.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga Mailing Address 2401 Calvert Street, N	1		Date of Receipt
	Apt. 1008	11 24 2008		
	City	State	Zip Code	Transaction ID: PR327851921642
	Washington FEC ID number of contributing federal political committee.	C	20008-2614	Amount of Each Receipt this Period 60.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	1 .	n Policy Development 9 Year-to-Date 480.00	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		M M / D D / Y Y Y Y Y 11 1 24 2008
	City	State	Zip Code	Transaction ID: PR327858021642
	Washington FEC ID number of contributing federal political committee.	DC	20004-2818	Amount of Each Receipt this Period
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify)		n sident, Political Affairs ∋ Year-to-Date ▼ 936.00	P/R Deduction (\$39.00 Bi- Weekly)
ļ	SUBTOTAL of Receipts This Page (optional)			219.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 233 (check only one)
NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any person he name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John F. Barry Mailing Address One North Franklin		Date of Receipt
City	State Zip Code	Transaction ID: PR327877821642
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	117.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Regional Executive Aggregate Year-to-Date ▼ 936.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
Mailing Address 130 North Garland C #3002		1 1 / D D / Y Y Y Y 2 4 2 0 0 8
City	State Zip Code	Transaction ID: PR327895721642
<u>Chicago</u> FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Judy Williams		Date of Receipt
Mailing Address One North Franklin S	Street	1 1 2 4 2 0 0 8
City	State Zip Code	Transaction ID: PR327918921642
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	51.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Director Membership Aggregate Year-to-Date	-
Primary General Other (specify) ▼	323.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	·····	228.00
TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 183 / 233
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		11 / 24 / Y Y Y Y 1 1 / 24
	City	State	Zip Code	Transaction ID: PR328132821642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President	n t and Chief Executive Officer	_
	Receipt For:	Aggregate	Year-to-Date	
	Other (specify) ▼	0 0	936.00	P/R Deduction (\$39.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			M M / D D / Y Y Y Y 11 1 24 2008
	City	State	Zip Code	Transaction ID: PR328136921642
	La Grange		60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago		President, Member Relations	_
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	P/D Doduction (\$20.00 Di
	Other (specify) ▼	0 0	936.00	P/R Deduction (\$39.00 Bi- Weekly)
С.	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett			Date of Receipt
	Mailing Address One North Franklin Stre	eet		1 1 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: PR328174921642
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		54.00
	Name of Employer American Hospital Associa- tion Chicago	Occupation Executive	n e Director, SHSMD	
	tion-Chicago Receipt For:		Year-to-Date V	1
	Primary General Other (specify) ▼		324.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		288.00
	CODICIAL OF HECEIPIS THIS FAGE (OptiOnal)		•	
	TOTAL This Period (last page this line number of	only)		

ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 184 / 233 (check only one) 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions 11 11 12
or f	NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 North Wayne		Date of Receipt
-	City	State Zip Code	Transaction ID: PR328223821642
	Chicago	IL 60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	117.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)	Occupation Vice President Aggregate Year-to-Date ▼ 936.00	P/R Deduction (\$39.00 Bi- Weekly)
B.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D. Mailing Address 13106 Vingle Lane		Date of Receipt
	Maining Address 13100 Villigie Lane		11 24 2008
	City	State Zip Code	Transaction ID: PR328224921642
	Silver Spring	MD 20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	117.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify)	Occupation Senior Vice President Aggregate Year-to-Date ▼ 936.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)		
	Mr. Ron O. Purcell Mailing Address 1093 N. Faldo Way		Date of Receipt
	City	State Zip Code	Transaction ID: PR328241421642
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	562.50	P/R Deduction (\$20.00 Bi- Weekly)
SL	IBTOTAL of Receipts This Page (optional)	······	294.00
	DTAL This Period (last page this line number	·	-

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 185 / 233 (check only one) 11a X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack Mailing Address 3475 North Venice Str	oot		Date of Receipt
		CCI		11 24 2008
	City	State	Zip Code	Transaction ID: PR328260921642
	Arlington	VA	22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executiv	on e Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	936.00	P/R Deduction (\$39.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y 11 1 24 2008
	City	State	Zip Code	Transaction ID: PR328310421642
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice	on President, Communications	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 960.00	P/R Deduction (\$39.00 Bi- Weekly)
		0.0	0 0 0 0 0 0 0	
с.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	•		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700			1 1 / 2 4 / Y Y Y Y 1 1 1 / 2 4 / 2 0 0 8
	City Washington	State DC	Zip Code	Transaction ID: PR328341821642
	FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Director,	on Political Action & Grassroot	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 936.00	P/R Deduction (\$39.00 Bi- Weekly)
ſ				354.00
ŀ	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $186 / 233$ (check only one)X11a11b11c12X11a14151617Defor the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and add	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y 111 24 2008
	City	State	Zip Code	Transaction ID: PR328490121642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.86
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		330.88	P/R Deduction (\$10.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR328511821642
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	936.00	P/R Deduction (\$39.00 Bi- Weekly)
– C.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 1501 N. Harrison Stre	et		M M / D D / Y Y Y Y 1 1 24 2008
	City	State	Zip Code	Transaction ID: PR328512021642
	Arlington	VA	22205-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		480.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		205.86
╞	TOTAL This Period (last page this line number		r	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 187/233
			Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and St	tatomonte ma	w not be cold or used by any perce	13 14 15 16 17
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin Stre	eet		M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR329013421642
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupatio SPSA Di		
	tion-Chicago Receipt For:		Year-to-Date V	_
	Primary General	Aggregate		P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	480.00	Weekly)
- В.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1 North Franklin SAtree	et		M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR329071321642
	Chicago	IL	60614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa-	Occupatio		
	tion-Chicago	-	t & Chief Operating Officer, (
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	936.00	P/R Deduction (\$39.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	L		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR329084421642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupatio		7
	tion-Washingt		ssociate Director	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ				237.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 233 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, othe	Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit c						
NAME OF COMMITTEE (In F American Hospital Assoc	,						
Full Name (Last, First, Middle A. Mr. W. Thomas Deweese	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese						
Mailing Address 500 Inters	Mailing Address 500 Interstate Boulevard South						
City	State	Zip Code	Transaction ID: PR329215721642				
Nashville	TN	37210-4634	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	g C		117.00				
Name of Employer American Hospital Associa-	Occupation						
tion-Chicago		gional Executive te Year-to-Date ▼					
Primary Gener Other (specify) ▼		936.00	P/R Deduction (\$39.00 Bi- Weekly)				
Full Name (Last, First, Middle Mr. John Evans	Initial)		Date of Receipt				
Mailing Address One North	Mailing Address One North Franklin Street						
City	State	Zip Code	Transaction ID: PR329342621642				
Chicago	IL	60606	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	g		42.00				
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior	on /ice President & CFO					
Receipt For:		te Year-to-Date 🔻					
Primary Gener Other (specify) ▼	ral	336.00	P/R Deduction (\$14.00 Bi- Weekly)				
Full Name (Last, First, Middle Ms. Audrey L. Harris	Initial)		Date of Receipt				
Mailing Address 1136 W.	Farwell Ave.		M M / D D / Y Y Y Y 111 24 2008				
City	State	Zip Code	Transaction ID: PR329654221642				
Chicago		60626-3861	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	g C		42.00				
Name of Employer American Hospital Associa- tion-Chicago	Occupati	^{on} /e Director, ASDVS					
Receipt For:		te Year-to-Date 🔻					
Primary Gener Other (specify) ▼	ra	336.00	P/R Deduction (\$14.00 Bi- Weekly)				
SUBTOTAL of Receipts This Pa	age (optional)		201.00				
TOTAL This Period (last page th							

			FOR LINE NUMBER: PAGE 189 / 233
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
Γ	Any information copied from such Reports and St	atements may not be sold or used by any perso	
	or for commercial purposes, other than using the	name and address of any political committee to	o solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
∡ A.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code	Transaction ID: PR330343321642
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa-	Occupation	-
	American Hospital Associa- tion-Chicago	Executive Services Director	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	480.00	P/R Deduction (\$20.00 Bi-
	Other (specify) v		Weekly)
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y 11 24 2008
	City	State Zip Code	Transaction ID: PR330411621642
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa-	Occupation	-
	tion-Chicago	Associate Regional Executive	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	480.00	P/R Deduction (\$20.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial)		Dete of Deecist
C.	Ms. Maureen D. Mudron Mailing Address 325 Seventh Street, NV	M	Date of Receipt
	Suite 700	v	11 24 2008
	City	State Zip Code	Transaction ID: PR330465221642
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa-	Occupation Asst. General Counsel	1
	tion-Washingt Receipt For:	Aggregate Year-to-Date V	
	Primary General		P/R Deduction (\$14.00 Bi-
	Other (specify)	322.00	Weekly)
ſ			162.00
ļ	SUBTOTAL of Receipts This Page (optional)	······	
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
			for each category of the	(check only one	
			Detailed Summary Page		11b 11c 12 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose	of soliciting contributions
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Rec	eipt
	Mailing Address 4960 138th Cricle Wes	t		M M / 1 1	^D ^D ⁷ ^Y
	City	State	Zip Code	Transaction	D: PR330475421642
	Apple Valley	MN	55124	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			117.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regiona	on I Executive		
	Receipt For:		e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	936.00	P/R Deduct Weekly)	ion (\$39.00 Bi-
- B.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Rec	eipt
	Mailing Address 6109 North 9th Road			M M / 1	^D 2 4 / Y Y Y Y Y 2 0 0 8
	City	State	Zip Code	Transaction	ID: PR330534321642
	Arlington	VA	22205-1609	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer American Hospital Associa-	Occupatio			
	tion-Washingt		ssociate Director		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻		· · · · (\$22.00 D'
	Other (specify) ▼	0 0	480.00	Weekly)	ion (\$20.00 Bi-
- C.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Rec	eipt
	Mailing Address One North Franklin			M M / 1 1	D D / Y Y Y Y 24 2008
	City	State	Zip Code	Transaction	D: PR330547721642
	<u>Chicago</u>	IL	60606-3436	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Vice Pre	on sident, Strategic Planning		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduct Weekly)	ion (\$20.00 Bi-
[SUBTOTAL of Receipts This Page (optional)				237.00
ŀ					
	TOTAL This Period (last page this line number of	only)			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 191 / 233 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the		
	American Hospital Association PAC		
A.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		M M / D D Y
	City Lake Forest	State Zip Code IL 60045-1715	Transaction ID: PR330549221642 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
B.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	M M M / D D / Y Y Y Y Y 11 24 2008
		State Zip Code DC 20004-2818	Transaction ID: PR330776121642
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 60.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupation V.P., Advocacy & Member Communi	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.		Date of Receipt
	Mailing Address 1101 N. Kentucky Stree	et	M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code	Transaction ID: PR331278821642
	Arlington	VA 22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, State Issues Forum	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		162.00
	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 192 / 233
	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any persor me and address of any political committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
	Mailing Address 26 West Glendale Ave.		11 / 24 / Y Y Y Y 124
	City	State Zip Code	Transaction ID: PR331304221642
	Alexandria	VA 22301-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Public Policy C	- Dø
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify)	480.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y 111 24 2008
	City	State Zip Code	Transaction ID: PR331379121642
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer American Hospital Associa-	Occupation Sr. Director Federal Relations & Polic	
	tion-Washingt Receipt For:	Aggregate Year-to-Date V	_
	Primary General		P/R Deduction (\$14.00 Bi-
	Other (specify)	336.00	Weekly)
C.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y 1 1 2 4 2 0 0 8
	City	State Zip Code	Transaction ID: PR331386921642
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43.14
	Name of Employer American Hospital Associa-	Occupation Senior Associate Director	
	tion-Washingt Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	321.32	P/R Deduction (\$14.00 Bi- Weekly)
	SURTOTAL of Respire This Page (antional)		145.14
	SUBTOTAL of Receipts This Page (optional)	••••••	
	TOTAL This Period (last page this line number on	y)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 233 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr. Mailing Address PO Box 15587		Date of Receipt
City	State Zip Code	Transaction ID: PR331416021642
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	174.00
Name of Employer American Hospital Associa- tion Receipt For: Primary General Other (specify) ▼	Occupation Regional Executive Aggregate Year-to-Date ▼ 1392.00	P/R Deduction (\$58.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
Mailing Address 521 Great Falls St.		1 1 2 4 2 0 0 8
City	State Zip Code	Transaction ID: PR331533221642
Falls Church	VA 22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	117.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Policy Aggregate Year-to-Date 936.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)		
C. Ms. Elizabeth Summy Mailing Address One North Franklin		Date of Receipt
City	State Zip Code	Transaction ID: PR346168121642
<u>Chicago</u>	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$19.92 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	333.00
TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 194 / 233 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
Ĭ.	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		M M / D D / Y
	City	State	Zip Code	Transaction ID: PR517619721642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident Executive Branch Rel	ati
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	936.00	P/R Deduction (\$39.00 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson			Date of Receipt
	Mailing Address 325 Seventh Street, NV	N		M M / D D / Y Y Y Y 11 24 2008
	City	State	Zip Code	Transaction ID: PR566280921642
	Washington	DC	20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		71.43
	Name of Employer American Hospital Associa-	Occupatio		
	tion-Washingt	1	e Director, Federal Relation	<u>S</u>
	Receipt For: Primary General	Aggregate	e Year-to-Date	D/D Deduction (#00.00 Di
	Other (specify)	0 0	452.39	P/R Deduction (\$20.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
	Mailing Address 606 S. Royal St.			M M / D D / Y Y Y Y 1 1 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: PR766023721642
	Alexandria	VA	22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director, Policy	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		248.43
┝	USE CONTRE OF HECCEIPIS THIS Faye (Uptional)			
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 233 (check only one)
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addr	ess of any political committee to	solicit contributions from such committee.
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	1W		M M / D D / Y Y Y Y 111 24 2008
	City	State	Zip Code	Transaction ID: PR801366321642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Ass	sociate Director Policy	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	336.00	P/R Deduction (\$14.00 Bi- Weekly)
- B.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700			M M / D D / Y Y Y Y Y 11 1 24 2008
	City	State DC	Zip Code	Transaction ID: PR876637221642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Presi	dent, Legislative Affairs	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	336.00	P/R Deduction (\$14.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	1M		1 1 / 2 4 / Y Y Y Y 1 1 / 2 4 / 2 0 0 8
		State	Zip Code	Transaction ID: PR936292321642
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer American Hospital Associa- tion-Washingt		f Operations	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼	0 0	336.00	P/R Deduction (\$14.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)	•		126.00
ŀ	TOTAL This Period (last page this line number		· · ·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sche for each category Detailed Summary	of the	FOR LINE NUMBER: PAGE 196 / 233 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used b dress of any political c	by any person committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland				Date of Receipt
	Mailing Address One N. Franklin Street				M M / D D / Y Y Y Y Y 11 24 2008
	City	State	Zip Code		Transaction ID: PR939603921642
	<u>Chicago</u>	IL	60606		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			42.00
	Name of Employer American Organization of	Occupatio	n		
	Nurse Executi	Director	of Operations		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	3	336.00	P/R Deduction (\$14.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	►		42.00
TOTAL This Period (last page this line number only)	►		184416.41

Avj information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) A. Full Name (Last, First, Middle Initial) Mailing Address Pool Dotting (Cooperative) Date of Receipt City State PELI Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 16050104 Transaction ID: 16050107 PELI Number of contributing federa policical committee. Cooperative (Second) Receipt For: Aggregate Year-to-Date V B. Full Name (Last, First, Middle Initial) Maining Address Post Office Box 8600 State City State State Zip Code Maining Address Post Office Box 8600 State City State State Zip Code Name of Employer Occupation Receipt For: Aggregate Year-to-Date Transaction ID: 16050107 Receipt For: Aggregate Year-to-Date Transaction ID: 16050107 Receipt For: Courber of contributing federal policical committee. City 20.08 Receipt For: Onumet of Encloper Occupation	ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 233 (check only one) 11a 11a 11b 11c X 12 13 14 15 16 17
A. Montana Hospital Association PAC - Federal Fund Date of Receipt Mailing Address P.O. Box 5119 Transaction ID: 16050104 City State Zip Code Helena MT 5900.45119 Receipt For: C C00238782 Anount of Each Receipt IN Period Receipt For: General Occupation City General 6900.00 City General General City General C 00238782 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date City State Zip Code Sacramento C 00237495 Receipt For: Suite 800 C 00237495 FeC ID number of contributing federal political committee. C 00237495 Receipt For: Aggregate Year-to-Date ▼ Pinary General Other (specify) ▼ Receipt For: Primary General Other (specify) ▼		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
B. California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento CA 95814 FEC ID number of contributing federal political committee. C C00237495 Name of Employer Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State City State FEC ID number of contributing C C00128082 FEC ID number of contributing C C00128082 Itaming Address Pointary General Occupation Receipt For: Aggregate Year-to-Date ▼ Itaming Address Pointary General Occupation Receipt For: Aggregate Year-t	A.	Montana Hospital Association PAC - Federal Fund Mailing Address P.O. Box 5119 City Helena FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State MT C C002: Occupation	59604-5119 38782 ear-to-Date ▼	M M / D D Y
C. Health Alliance of PA PAC - Federal Date of Receipt Mailing Address Post Office Box 8600 10 City State Zip Code Harrisburg PA 17105-8600 FEC ID number of contributing federal political committee. C C00128082 Name of Employer Occupation 10000.00 Receipt For: Aggregate Year-to-Date ▼ 80000.00 Other (specify) ▼ 80000.00 2000.00	В.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	CA C C0023	95814 37495 ear-to-Date ▼	M M / D P P Y
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	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee to	 on for the purpose of soliciting contributions osolicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12144 C C00160259 Occupation Aggregate Year-to-Date ↓ 150000.00	Date of Receipt
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- C.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park Dr City Madison FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	rive State Zip Code WI 53725-9038 C C00359455 Occupation Aggregate Year-to-Date I 10000.00	Date of Receipt
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Α.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
	Mailing Address 1400 G Street, NW			M M / D D Y
	City	State	Zip Code	Transaction ID: 16105805
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Kurt Schrader For Congress					Date		sburs		ent		οŏε	Y			
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City Belleville	State Zip Code IL 62222		Amount of Each Disb	ursement this Period
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NAME OF COMMITTEE (In Full)				such committee
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Friends Of Jim Oberstar			Transaction ID: 1 Date of Disburseme	ent
Mailing Address 1017 8th St Ne			10 ^M /24	Ý Ý Ý Ó 8 Ý
City Washington	StateZip CodeDC20002		Amount of Each Dis	bursement this Perio
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. James L. Oberstar	C	ategory/ Type		
Office Sought: X House Disburs Senate President State: MN District: 08	ement For: 2008 Primary X General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial)			Transaction ID: 1	6070271
Ellison For Congress			Date of Disburseme	ent
Mailing Address PO Box 6072			10 ^M /24 ^D	Ý 2008
City Minneapolis	StateZip CodeMN55406		Amount of Each Dis	bursement this Perio
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. Keith Ellison		ategory/ Type		
Office Sought: X House Disburs Senate President State: MN District: 05	ement For: 2008 Primary X General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial)			Transaction ID: 1	6079274
Friends Of Jack Kingston			Date of Disburseme	ent
Mailing Address PO Box 2133			10 ^M /24	Ź008
City Savannah	StateZip CodeGA31402		Amount of Each Dis	bursement this Perio
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. Jack Kingston		ategory/ Type		
Office Sought: X House Disburs Senate President State: GA District: 01	ement For: 2008 Primary X General Other (specify) ▼		Contribution	
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Full Name (Last, First, Middle Initial) King For Congress						Trans Date o		sburse	ement		286		
Mailing Address 532 First Ave Suite 312 P.O. Box 576	2					1 ^M 0	M /	□2	^D 4	Y	ž	0 ð 8	Y
City Council Bluffs	State Zip C IA 514					Amou	nt of	Each	Disbu	urser			-
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Candidate Name Rep. Steve A. King				ego ype									
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Full Name (Last, First, Middle Initial) Joe Donnelly For Congress						Trans Date o		sburse	ement		288		
Mailing Address PO Box 1961						10	M /	۵2	^D 4	Y	ž	0 ð 8	Y
City South Bend	State Zip C IN 466					Amou	nt of	Each	Disbu	urser			
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Full Name (Last, First, Middle Initial) Guthrie For Congress						Date	of Di	sburse	emen				
Mailing Address PO Box 9639						10	M /	2	24	/ Y	ž	0 ð 8	Y
City Bowling Green	State KY	Zip Code 42102				Amou	nt of	Each	Disb	urse			-
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Candidate Name Rep. Brett Guthrie			С	ateg Typ									
Office Sought: X House Disburs Senate President State: KY District: 02	ement For: Primary Other (spec	2008 X General cify) ▼				Contr	ibuti	on					
Full Name (Last, First, Middle Initial) Paul Hodes For Congress									-		305		
Mailing Address 26 South Main Street, #2	253					^M 0	M /	□2	24	/ Y	ž	0 ð 8	Y
City Concord	State NH	Zip Code 03301				Amou	nt of	Each	Disb	urse			
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Candidate Name Rep. Paul W. Hodes			С	ateg Typ									
Office Sought: X House Disburs Senate President State: NH District: 02	ement For: Primary Other (spec	2008 X General cify) ▼				Contr	ibuti	on					
Full Name (Last, First, Middle Initial) Courtney For Congress									-		307		
Mailing Address 38 Risley Road							_			ι / Υ	ž	0 ð 8	Y
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Issa For Congress							Date	of D	isburs	sem		322		
Mailing Address P O Box 760							^м 10	М		28	/ Y	ž	o ò a	Y
City Vista	State CA	Zip Code 92085					Amou	int o	f Each	h Di	sburser	-		
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Candidate Name Rep. Darrell E. Issa				at	egory/ ype									
Office Sought: X House Disburs Senate President State: CA District: 49	ement For: Primary Other (spe	2008 X General cify) ▼					Contr	ibut	tion					
Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.												329		
Mailing Address 319 Nancy'S Road 319 Nancy Road							1 ^M 0	М	/ 2	28	/ Y	ž	o ò a	Y
City Quitman	State LA	Zip Code 71268					Amou	int o	f Each	h Di	sburser	-		
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Rep. Rodney Alexander					egory/ ype									
Office Sought: X House Disburs Senate President State: LA District: 05	ement For: Primary Other (spe	2008 X General cify) ▼					Contr	ibut	tion					
Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee									-			330		
Mailing Address PO Box 260							^M 10	М	/ 2	28	/ Y	ž	o ò a	Y
City Newtonville	State MA	Zip Code 02460					Amou	int o	f Each	h Di	sburser	-		
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Candidate Name Rep. Barney Frank					egory/ ype									
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American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Tierney For Congress								isburs	eme		331		
Mailing Address 49 Federal Street						1 ^M 0	М	^D 2	28	/ Y	ž	o ò s	Y
City Salem	StateZip CodeMA01970					Amou	int of	f Each	ו Dis	burse	-		
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Candidate Name Rep. John F. Tierney			ate Ty	gory/ pe									
Office Sought: X House Disburs Senate President State: MA District: 06	ement For: 2008 Primary X General Other (specify) ▼					Contr	ibut	ion					
Full Name (Last, First, Middle Initial) Goode For Congress								-	-		332		
Mailing Address 235 South Main Street						1 ^M 0	M	/ D2	2 8 ^D	/ Y	ž	o ò a	Y
City Rocky Mount	State Zip Code VA 24151					Amou	int o	f Each	ו Dis	burse	0		
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Candidate Name Mr. Virgil Goode			ate Ty	gory/ pe									
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Full Name (Last, First, Middle Initial) Rob Wittman For Congress								isburs	eme		333		
Mailing Address PO Box 999						1 ^M 0	М	^D 2	28	/ Y	ž	o ò e	Y
City Montross	State Zip Code VA 22520					Amou	int of	f Each	ו Dis	burse	men	t this F	Perio
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Candidate Name Mr. Robert Wittman			ate Ty	gory/ pe	_								
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American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Cleaver For Congress						Date	of Di	sburse	eme	6079: nt			
Mailing Address 4801 Main Street, Stuit	e 1000					1 ^M 0	М	2	2 8 2 8	/ Y	ž	0 ð 8	Y
City Kansas City	State MO	Zip Code 64112				Amou	nt of	fEach) Dis	burser	-		-
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Candidate Name Rep. Emanuel Cleaver, II				ateg Typ	jory/ e								
Office Sought: X House Disbur Senate President State: MO District: 05	Primary Other (spe	2008 X General ecify) ▼				Contri	ibut	ion					
Full Name (Last, First, Middle Initial) Knollenberg For Congress Committee							of Di	sburse			335		
Mailing Address 416 E. Sibley						1 ^M 0	M	D 2	2 ^D 8	/ Y	ž	0 ð 8	Y
City Howell	State MI	Zip Code 48843				Amou	nt of	fEach) Dis	burser	-		
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Candidate Name Mr. Joseph Knollenberg				ateg Typ	jory/ e								
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Full Name (Last, First, Middle Initial) Baird For Congress						Trans Date o		on ID: sburse			336		
Mailing Address PO Box 5016						1 ^M 0	М	^D 2	2 8 ^D	/ Y	ž	0 ð 8	Y
City Vancouver	State WA	Zip Code 98668				Amou	nt of	fEach) Dis	burser	-		-
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Candidate Name Rep. Brian Baird				ateg Typ	jory/ e								
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American Hospital Association PAC											
Full Name (Last, First, Middle Initial) Inslee For Congress					Date o	of Disbur	seme		337		
Mailing Address PO Box 33027					10	M / D	2 ^D	/ Y	Ž0Ŏ	8 ^Y	
City Seattle	StateZip CodeWA98133			/	Amour	nt of Eac	h Dis	burse		-	bd
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Candidate Name Rep. Jay Inslee		Catego Type									
Office Sought: X House Disburse Senate President State: WA District: 01	ement For: 2008 Primary X General Other (specify)			C	ontri	bution					
Full Name (Last, First, Middle Initial) Our Future Political Action Committee							-		338		
Mailing Address 1155 21st Street NW Suite 300					10	M / D	2 ^D	/ Y	² o ŏ	8 ^Y	
City Washington	StateZip CodeDC20036				Amour	nt of Eac	h Dis	burse		-	bd
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Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee									339		
Mailing Address 407 W Jefferson Street					10	M / D	2 ^D	/ Y	ž00	8 ^Y	
City Boise	State Zip Code ID 83702			1	Amour	nt of Eac	h Dis	burse			bd
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American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Simpson For Congress						of D	isburs	ement				
Mailing Address 1487 Parkway Drive					1 ^M 0	М	/ ^D 2	29	Ý	ž	οòε	} ^Y
City Blackfoot	State Zip Code ID 83221				Amou	unt o	f Each	ı Disb	urser	0		
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Rep. Michael K. Simpson			atego Type	-								
Office Sought: X House Disburs Senate President State: ID District: 02	ement For: 2008 Primary X General Other (specify) ▼				Contr	ribut	tion					
Full Name (Last, First, Middle Initial) Henry E. Brown Jr. For Congress							-			341		
Mailing Address P. O. Box 61886					1 ^M 0	М	/ D2	2 9	Y	ž	οòε	B ^Y
City North Charleston	State Zip Code SC 29419				Amou	unt o	f Each	ı Disb	urser	nent	this F	Period
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Office Sought: X House Disburs Senate President State: SC District: 01	ement For: 2008 Primary X General Other (specify) ▼				Contr	ribut	tion					
Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee										342		
Mailing Address Post Office Box 2145						М			Y	ž	οòε	} ^Y
City West Columbia	State Zip Code SC 29171				Amou	unt o	f Each	ı Disb	urser	nent	this F	Period
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NAME OF COMMITTEE (In Full)														
American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Sherman For Congress						Transaction ID: 16079343 Date of Disbursement								
Mailing Address 555 So.Flower St. Suite	4210					1 ^M 0	М	/ 2	29	/ Y	ž	0 ð 8	Y	
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Full Name (Last, First, Middle Initial) Brown For Congress						Date	of D	isburs	eme	6079 ent			_	
Mailing Address 5429 Madison Avenue						1 ^M 0	М	2	29	/ Y	ž	0 ð 8	Y	
City Sacramento	State CA	Zip Code 95841				Amou	int o	f Each	n Dis	sburse			-	
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Candidate Name Mr. Charles Brown			С	-	ory/									
Office Sought: X House Disburs Senate President State: CA District: 04	ement For: Primary Other (spec	2008 X General ify) ▼				Contr	ibut	tion						
Full Name (Last, First, Middle Initial)						Tranc	anti		. 1	6079	215			
Minnick For Congress						Date		isburs	eme			Y	Y	
Mailing Address P O Box 306						10		2	29		2	0 ⁰ 8		
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Candidate Name Rep. Walt Minnick			С		ory/									
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American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Carnahan In Congress						Trans Date		-			346		
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Full Name (Last, First, Middle Initial) Stupak For Congress						Trans Date					384		
Mailing Address 817 Ninth Avenue P.O. PO Box 143	Box 156					1 ^M 0	M	□2	2 ^D	/ Y	ž	0 ð 8	Y
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Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional	Campaign				Date	of D	isbur	ser				
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NAME OF COMMITTEE (In Full) American Hospital Association	PAC											
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Friends Of Chris Dodd						Date		sburs	ement			Y
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Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc						Date	of Di	sburs	: 161 ement			Y
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City Greensboro	State NC	Zip Code 27429				Amou	int of	f Each	Disbur			
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Peters For Congress					Date		sbur	ser			-	Y
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Α.		Full Name (Last, F Citibank, F.S.B. Mailing Address	,	NW							Trans Date of 1 1		sburs	-			0 Ŏ 8	Y	
		City Washington		-	State DC	Zip C 200					Amou	nt of	Each	Dis	burser				d
		Purpose of Disbur Bank Fee	sement						00 [.]	1	L.						96.53	3	
		Candidate Name							ateg Typ	•									
		Office Sought:	House Senate President	Disburser	nent For: Primary Other (spe		General				Bank	Fee	;						
		State:	District:																

SUBTOTAL of Disbursements This Page (optional)	►	96.53
TOTAL This Period (last page this line number only)	►	1175.44
FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X)			Use separate schedule(s)				FOR LINE NUMBER: (check only one)						PAGE 227 / 233				
	IT	EMIZED DISBURSEMEN	ſS	for each Detailed	categor	y of the	F	(ch	eck o 21b 27		ne) 22 28a	\square	23 28b	\square	24 28c	\square	25 29	26 30b
		y Information copied from such Reports a for commercial purposes, other than usin																
	$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PA	NC															
Α.		Full Name (Last, First, Middle Initial) Ms. Mary Ann Hewston Mailing Address 10501 State Hw	y 285								Date		on ID: sburse	eme	61516 nt / Y		0 Ŏ 8	Y
		City Conneaut Lake	-	State PA	Zip C 163						Amou	int o	f Each	Dis	burser		this P	
		Purpose of Disbursement Refund					C	010)		L.					3	50.00	
		Candidate Name					Cat T	tego ype	•									
		Office Sought: House Senate President	Disburser	nent For: Primary Other (spe		General					Refur	nd						
		State: District:																

SUBTOTAL of Disbursements This Page (optional)	•	350.00
TOTAL This Period (last page this line number only)	►	350.00
FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

Image# 29933567495 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 228 / 233 FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC	FEC IDENTIFICATION NUMBER							
	C C00106146							
Check if 24-hour notice 48-hour notice								
Full Name (Last, First, Middle, Initial) of Payee	Date							
Multi Media Services Corporation								
Mailing Address	Amount							
915 King Street	35000.00							
2nd Floor	Transaction ID: 16151922							
City State Zip Code								
Alexandria VA 22314	Office Sought: X House State: PA Senate District: 21							
Purpose of Expenditure Category/ 004	Presidential							
Production Category, 004								
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose							
Mr. Phil English	Disbursement For: Primary X General							
	Other (specify) :							
Calendar Year-To-Date Per Election 35000.00	2008							
for Office Sought								
Full Name (Last, First, Middle, Initial) of Payee	Date							
Issue Advocacy & Image Advertising	M M / D D / Y Y Y Y 10 23 2008							
Mailing Address	Amount							
300 North Lee Street	133740.00							
City State Zip Code	Transaction ID: 16058961							
Alexandria VA 22314	Office Sought: House State: <u>CO</u> X Senate District:							
Purpose of Expenditure Badio Advertising & Category/ 004	X Senate District: Presidential							
Production Category 004								
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose							
Rep. Mark Udall	Disbursement For: Primary X General							
Calendar Year-To-Date Per Election 133740.00	Other (specify) : 2008							
for Office Sought								
(a) SUBTOTAL of Itemized Independent Expenditures	168740.00							
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Ms. Melinda Hatton Date 04	17 2009							
Signature								

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Image# 29933567496 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 229 / 233 FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
	C C00106146							
Check if 24-hour notice 48-hour notice	-							
Full Name (Last, First, Middle, Initial) of Payee	Date							
Stevens, Reed, Curcio and Potholm	10 [/] /23 [/] ^Y /2008							
Mailing Address	Amount							
201 North Union Street	62528.00							
Suite 200	Transaction ID: 16059985							
City State Zip Code	Office Sought: House State: KY							
Alexandria VA 22314	X Senate District:							
Purpose of Expenditure Radio Advertising & Category/ Type 004	Presidential							
Production								
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose							
Sen. Mitch McConnell	Disbursement For: Primary X General							
	Other (specify) :							
Calendar Year-To-Date Per Election 62528.00	2008							
for Office Sought								
Full Name (Last, First, Middle, Initial) of Payee	Date							
Issue Advocacy & Image Advertising	$\begin{array}{c c} M & M \\ 1 & 0 \end{array} / \begin{array}{c} D & D \\ 2 & 4 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} $							
Mailing Address	Amount							
300 North Lee Street	33374.00							
City State Zip Code	Transaction ID: 16059989							
Alexandria VA 22314	Office Sought: X House State: MO Senate District: 09							
Purpose of Expenditure Badio Advertising & Category/ 004	Presidential							
Production Category 004								
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose							
Judith Baker	Disbursement For: Primary X General							
	Other (specify) :							
Calendar Year-To-Date Per Election 33374.00	2008							
for Office Sought								
	05000.00							
(a) SUBTOTAL of Itemized Independent Expenditures	95902.00							
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.								
Ms. Melinda Hatton Date 04	D D Y Y Y Y 17 2009							
Signature								
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Image# 29933567497 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEN	PAGE 230 / 233 FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER							
American Hospital Association PAC	C C00106146							
Check if 24-hour notice 48-hour no	tice							
Full Name (Last, First, Middle, Initial) of Payee		Date						
Issue Advocacy & Image Advertising		10 / 24 / Y Y Y Y 10 / 24 / 2008						
Mailing Address 300 North Lee Street	Amount							
Soo North Lee Street		30974.00						
City	State Zip Code	Transaction ID: 16059991						
Alexandria	VA 22314	Office Sought: X House State: GA						
Purpose of Expenditure Radio Advertising & Production	Category/ Type 004	Senate District: <u>08</u> Presidential						
Name of Federal Candidate supported or Opposed	l by expenditure:	Check One: X Support Oppose						
Rep. Jim Marshall								
		Disbursement For: Primary X General						
Calendar Year-To-Date Per Election	30974.00	Other (specify) : 2008						
for Office Sought								
Full Name (Last, First, Middle, Initial) of Payee		Date						
Issue Advocacy & Image Advertising		M M / D D / Y Y Y Y 10 24 2008						
Mailing Address		Amount						
300 North Lee Street		24590.00						
	Transaction ID: 16059992							
City	State Zip Code VA 22314	Office Sought: X House State: LA						
Alexandria Purpose of Expenditure	VA 22514	Senate District: 06						
Radio Advertising &	Category/ Type 004	Presidential						
Production		Check One: X Support Oppose						
Name of Federal Candidate supported or Opposec Mr. Donald Cazayoux	r by experioritire.							
·		Disbursement For: Primary X General						
Calendar Year-To-Date Per Election	24590.00	Other (specify) : 2008						
for Office Sought	24030.00	2000						
(a) SUBTOTAL of Itemized Independent Expenditure	S	55564.00						
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Ms. Melinda Hatton	Date 04	D D Y Y Y Y 17 2009						
Signature								

Image# 29933567498 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENI	PAGE 231 / 233 FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER 🔻							
American Hospital Association PAC	C C00106146							
Check if24-hour notice48-hour not	ice							
Full Name (Last, First, Middle, Initial) of Payee		Date						
Issue Advocacy & Image Advertising	M M / D D / Y Y Y Y 10 24 2008							
Mailing Address 300 North Lee Street	Amount							
		28224.00						
City	State Zip Code	Transaction ID: 16942394						
Alexandria	VA 22314	Office Sought: X House State: MS						
Purpose of Expenditure	Category/	Senate District: 01 Presidential						
Radio Advertising	Type 004							
Name of Federal Candidate supported or Opposed	by expenditure:	Check One: X Support Oppose						
Rep. Travis Wayne Childers		Disbursement For: Primary X General						
Calendar Year-To-Date Per Election		Other (specify) :						
for Office Sought	28224.00	2008						
Full Name (Last, First, Middle, Initial) of Payee		Date						
Multi Media Services Corporation								
Mailing Address		Amount						
915 King Street 2nd Floor	37500.00							
	Ctata Zia Cada	Transaction ID: 16058727						
City Alexandria	State Zip Code VA 22314	Office Sought: X House State: WV						
Purpose of Expenditure		Senate District: 02						
Radio Advertising & Production	Category/ Type 004	Presidential						
Name of Federal Candidate supported or Opposed	by expenditure:	Check One: X Support Oppose						
Rep. Shelley Moore Capito								
		Disbursement For: Primary X General						
Calendar Year-To-Date Per Election	37500.00	Other (specify) : 2008						
for Office Sought								
		65724.00						
(a) SUBTOTAL of Itemized Independent Expenditures	,							
(b) SUBTOTAL of Uniternized Independent Expenditu								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with,								
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.								
	MM							
Ms. Melinda Hatton	Date 04	17 2009						
Signature								

Image# 29933567499 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 232 / 233 FOR LINE 24 OF FORM 3X						
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC	· · · · · · · · · · · · · · · · · · ·						
	C C00106146						
Check if 24-hour notice 48-hour notice							
Full Name (Last, First, Middle, Initial) of Payee	Date						
Stevens, Reed, Curcio and Potholm	M M / D D / Y Y Y Y 2008						
Mailing Address	Amount						
201 North Union Street	42528.00						
Suite 200	Transaction ID: 16059987						
City State Zip Code	Office Sought: House State: ME						
Alexandria VA 22314	X Senate District:						
Purpose of Expenditure Radio Advertising & Category/ Type 004	Presidential						
Production Type							
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose						
Sen. Susan M. Collins	Disbursement For: Primary X General						
	Other (specify) :						
Calendar Year-To-Date Per Election 42528.00	2008						
for Office Sought							
Full Name (Last, First, Middle, Initial) of Payee	Date						
Democracy Data and Communications	M M / D D / Y Y Y Y 10 27 2008						
Mailing Address	Amount						
P.O. Box 632303							
	22922.86						
City State Zip Code	Transaction ID: 16068817						
Baltimore MD 21263	Office Sought: X House State: MO						
Purpose of Expenditure Category/ Oo1	Senate District: <u>09</u> Presidential						
Direct Mail Category 001							
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose						
Judith Baker	Disbursement For: Primary X General						
Calendar Year-To-Date Per Election 56296.86	Other (specify) : 2008						
for Office Sought							
(a) SUBTOTAL of Itemized Independent Expenditures	65450.86						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.							
Ms. Melinda Hatton Date 04	D D Y Y Y Y 17 2009						
Signature							
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Image# 29933567500 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 233 / 233							
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X							
American Hospital Association PAC	FEC IDENTIFICATION NUMBER							
	C C00106146							
Check if 24-hour notice 48-hour notice								
Full Name (Last, First, Middle, Initial) of Payee	Date							
Democracy Data and Communications	10 ^{//} / ²⁷ / ^Y ^Y Y ^Y 2008							
Mailing Address	Amount							
P.O. Box 632303								
	50283.33							
City State Zip Code	Transaction ID: 16068818							
Baltimore MD 21263	Office Sought: House State: GA							
Purpose of Expenditure	X Senate District:							
Direct Mail Category/ Type 001	Presidential							
	Check One: V Support Oppose							
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose							
Sen. Saxby Chambliss	Disbursement For: Primary X General							
	Other (specify) :							
Calendar Year-To-Date Per Election 50283.33	2008							
for Office Sought								
Full Name (Last, First, Middle, Initial) of Payee	Date							
Democracy Data and Communications								
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
Mailing Address	Amount							
P.O. Box 632303	50283.33							
	Transaction ID: 16068820							
City State Zip Code	Office Sought: House State: KY							
Baltimore MD 21263	X Senate District:							
Purpose of Expenditure Direct Mail	Presidential							
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose							
Sen. Mitch McConnell	Disbursement For: Primary X General							
Calendar Year-To-Date Per Election 112811.33	Other (specify) : 2008							
for Office Sought								
(a) SUBTOTAL of Itemized Independent Expenditures	100566.66							
(b) SUBTOTAL of Unitomized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Ms. Melinda Hatton Date 04	D D Y Y Y Y 17 2009							
Signature								
- 0								