

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2009 APR 27 A 11: 21

Office Use Only

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

WI - Wisconsin Hospital Association Federal PAC

ADDRESS (number and street) 5510 Research Park Drive

Post Office Box 259038

Check if different than previously reported. (ACC) Madison WI 53725 9038

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00422881

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [] / [] / [] in the State of []

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

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

Election on 12 / 02 / 2008 in the State of []

5. Covering Period 10 / 01 / 2008 through 11 / 24 / 2008

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

Type or Print Name of Treasurer Mr. Brian Potter

Signature of Treasurer *Brian Potter* Date 04 / 17 / 2009

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

Office Use Only

FEC FORM 3X Rev. 12/2004

29030081273

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WI - Wisconsin Hospital Association Federal PAC

Report Covering the Period:

From:

10 01 2008

To:

11 24 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		\$185.51
(b) Cash on Hand at Beginning of Reporting Period.....	\$3,425.49	
(c) Total Receipts (from Line 19)	\$1,783.00	\$10,108.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$5,208.49	\$10,293.51
7. Total Disbursements (from Line 31).....	\$5,020.00	\$10,020.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$188.49	\$273.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	



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

For further information contact:

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

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

29030081274

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

WI - Wisconsin Hospital Association Federal PAC

Report Covering the Period: From:

10 / 01 / 2008

To:

11 / 24 / 2008

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

\$1,333.00

\$7,433.00

(ii) Unitemized.....

\$450.00

\$2,675.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$1,783.00

\$10,108.00

(b) Political Party Committees.....

\$0.00

\$0.00

(c) Other Political Committees (such as PACs).....

\$0.00

\$0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$1,783.00

\$10,108.00

12. Transfers From Affiliated/Other Party Committees.....

\$0.00

\$0.00

13. All Loans Received.....

\$0.00

\$0.00

14. Loan Repayments Received.....

\$0.00

\$0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

\$0.00

\$0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

\$0.00

\$0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

\$0.00

\$0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

\$0.00

\$0.00

(b) Levin Funds (from Schedule H5).....

\$0.00

\$0.00

(c) Total Transfers (add 18(a) and 18(b))..

\$0.00

\$0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

\$1,783.00

\$10,108.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

\$1,783.00

\$10,108.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	\$0.00	\$0.00
(ii) Non-Federal Share.....	\$0.00	\$0.00
(b) Other Federal Operating Expenditures	\$0.00	\$0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	\$0.00	\$0.00
22. Transfers to Affiliated/Other Party Committees.....	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$5,000.00	\$10,000.00
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	\$0.00	\$0.00
26. Loan Repayments Made.....	\$0.00	\$0.00
27. Loans Made.....	\$0.00	\$0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs).....	\$0.00	\$0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	\$0.00	\$0.00
29. Other Disbursements	\$20.00	\$20.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	\$0.00	\$0.00
(ii) "Levin" Share	\$0.00	\$0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	\$0.00	\$0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	\$0.00	\$0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	\$5,020.00	\$10,020.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$5,020.00	\$10,020.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	\$1,783.00	\$10,108.00
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$1,783.00	\$10,108.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	\$0.00	\$0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	\$0.00	\$0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	\$0.00	\$0.00

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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: (check only one)	PAGE 1 OF 2
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WI - Wisconsin Hospital Association Federal PAC

Full Name (Last, First, Middle Initial) A. John Robertstad		Date of Receipt 10 23 2008
Mailing Address W336 N6448 Lakeview Lane		Amount of Each Receipt this Period \$250.00
City Oconomowoc	State WI	
Zip Code 53066-3896		FEC ID number of contributing federal political committee. C
Name of Employer Oconomowoc Memorial Hospital		
Occupation President and Chief Executive Officer		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ \$250.00		

Full Name (Last, First, Middle Initial) B. Mr. Edward H Wolf		Date of Receipt 11 06 2008
Mailing Address 1988 21-7/8 Street		Amount of Each Receipt this Period \$333.00
City Rice Lake	State WI	
Zip Code 54868-8582		FEC ID number of contributing federal political committee. C
Name of Employer Lakeview Medical Center		
Occupation President and Chief Executive Officer		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ \$333.00		

Full Name (Last, First, Middle Initial) C. Ms. Maureen McNally		Date of Receipt 11 18 2008
Mailing Address 6029 North Shoreland		Amount of Each Receipt this Period \$250.00
City Whitefish Bay	State WI	
Zip Code 53217-4662		FEC ID number of contributing federal political committee. C
Name of Employer Froedtert Memorial Lutheran Hospital		
Occupation Director Government Relations		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ \$250.00		

Along with \$500 from Nick Desien in same check

SUBTOTAL of Receipts This Page (optional).....▶	\$833.00
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 each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 2 OF 2
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

WI - Wisconsin Hospital Association Federal PAC

A. Full Name (Last, First, Middle Initial) Mr. Nicholas Desien		Date of Receipt
Mailing Address 4686 N. Lake Drive		11 18 2008
City Whitefish Bay	State WI	Zip Code 53211-1254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$500.00
Name of Employer Ministry Health Care	Occupation President & Chief Executive Officer	Along with \$250 from Maureen McNally
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$500.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

\$500.00

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

\$1,333.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

NAME OF COMMITTEE (In Full)
WI - Wisconsin Hospital Association Federal PAC

Full Name (Last, First, Middle Initial) A. AHAPAC-American Hospital Association Federal PAC		Date of Disbursement M 10 / D 03 / Y 2008
Mailing Address 325 Seventh Street, N.W. Suite 700		Amount of Each Disbursement this Period \$3,000.00
City Washington	State DC	
Purpose of Disbursement Wire Transfer	Category/Type 011	Wire Transfer
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AHAPAC-American Hospital Association Federal PAC		Date of Disbursement M 11 / D 17 / Y 2008
Mailing Address 325 Seventh Street, N.W. Suite 700		Amount of Each Disbursement this Period \$2,000.00
City Washington	State DC	
Purpose of Disbursement	Category/Type 011	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	\$5,000.00
TOTAL This Period (last page this line number only).....▶	\$5,000.00

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MEMOS

FORM/SCHEDULE: F3XA

TEXT: Amended April 17, 2009. Cash on hand at beginning of period should be \$3425.49 due to a \$1000 check being voided. Original check was cut in January to AHA Fed Pac, however, check was never received. This is reflected by it being voided and re-cut in April, 2008. All reports this point on have been amended to reflect this change.

END OF MEMOS

FEC File Validator Version 6.3.1.0

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==== Identification Section =====

Committee ID: C00422881
Committee Name: WI - Wisconsin Hospital Association Federal PAC
Filing Type: F3XA
From/Through: 20081001 - 20081124

Software/Ver#: Vocus PAC Management / Ver# 8.00.0767

==== Results Section =====

>>-----> FEC data file FAILED validation! <-----<<<

Number of Errors Found: 00001
Number of Warning Messages: 00003

(Please correct all Errors before filing report)

==== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
=====	=====	=====
6A 2008		185.51
6B	3,425.49	
6C	1,783.00	10,108.00
6D	5,208.49	10,293.51
7	5,020.00	10,020.00
8	188.49	273.51
9	0.00	
10	0.00	
11Ai	1,333.00	7,433.00
11Aii	450.00	2,675.00
11Aiii	1,783.00	10,108.00
11B	0.00	0.00
11C	0.00	0.00
11D	1,783.00	10,108.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00

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17	0.00	0.00
18A	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
19	1,783.00	10,108.00
20	1,783.00	10,108.00
21Ai	0.00	0.00
21Aii	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00
23	5,000.00	10,000.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	20.00	20.00
30Ai	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00
30C	0.00	0.00
31	5,020.00	10,020.00
32	5,020.00	10,020.00
33	1,783.00	10,108.00
34	0.00	0.00
35	1,783.00	10,108.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00

=== Errors & Warnings Section =====

Validation Errors & Warnings

ERROR Messages...

Form{Item}: F3XA
 Field Name: #001 Record Type
 Error Header (HDR) inconsistent with Orig/Amend status

WARNING Messages...

Form{Item}: F3XA
 Field Name: #013 Type of Report: Election State Code
 Warning Conditionally Required field is Empty

Form{Item}: SB23 {AHAPAC-American Hospital Association Federal PAC}
 Field Name: #018 Election Type Code
 Warning Election Code missing: ?

Form{Item}: SB23 {AHAPAC-American Hospital Association Federal PAC}
 Field Name: #018 Election Type Code
 Warning Election Code missing: ?

29030081282

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
4/17/09

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jrw
 PREPARER

4/27/09
 DATE PREPARED

29030081283