

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2190847.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2091569.32									
(c) Total Receipts (from Line 19)	193700.56	796040.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2285269.88	2986887.86								
7. Total Disbursements (from Line 31)	113303.24	814921.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2171966.64	2171966.64								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	75364.85	278226.94
(ii) Unitemized	28916.03	93349.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	104280.88	371576.05
(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)	104280.88	371576.05
12. Transfers From Affiliated/Other Party Committees	74600.00	395700.00
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)	14637.54	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	12750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	182.14	1377.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	193700.56	796040.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	193700.56	796040.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	302.93	11297.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	302.93	11297.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	113000.31	551975.31
24. Independent Expenditure (use Schedule E)	0.00	251455.54
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	192.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	113303.24	814921.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113303.24	814921.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 113

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)	104280.88	371576.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104280.88	371576.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	302.93	11297.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	14637.54	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-14334.61	-3339.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 113
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Don Adams

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Arkansas Hospital Association
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318564

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1600 West 40th Avenue

City State Zip Code
Pine Bluff AR 71603-7089

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318565

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Arkansas Hospital Association
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318566

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Paul Cunningham		Date of Receipt
	Mailing Address 419 Natural Resources Drive		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Little Rock	AR	72205-1576
	FEC ID number of contributing federal political committee.		Transaction ID: 18318567
		Amount of Each Receipt this Period	
		<input type="text" value="500.00"/>	
Name of Employer Arkansas Hospital Association		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Ms. Christina Hockaday, , FACHE		Date of Receipt
	Mailing Address 4 Hospital Drive		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Morrilton	AR	72110-4510
	FEC ID number of contributing federal political committee.		Transaction ID: 18318568
		Amount of Each Receipt this Period	
		<input type="text" value="350.00"/>	
Name of Employer St. Anthony's Medical Center		Occupation Chief Executive Officer and Administra	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.00"/>	

C.	Full Name (Last, First, Middle Initial) Ms. Beth Ingram		Date of Receipt
	Mailing Address 419 Natural Resources Drive		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Little Rock	AR	72205-1576
	FEC ID number of contributing federal political committee.		Transaction ID: 18318569
		Amount of Each Receipt this Period	
		<input type="text" value="500.00"/>	
Name of Employer Arkansas Hospital Association		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Dr.

City State Zip Code
Little Rock AR 72205-1576

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Arkansas Hospital Association President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318570

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Raymond W Montgomery, II, FACHE

Mailing Address 3214 East Race Avenue

City State Zip Code
Searcy AR 72143-4810

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
White County Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318571

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bo Ryall

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Arkansas Hospital Association Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318572

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Douglas Weeks, FACHE		Date of Receipt
	Mailing Address 9601 Interstate 630, Exit 7		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	Little Rock	AR	72205-7202
	FEC ID number of contributing federal political committee. C		Transaction ID: 18318573
Name of Employer Baptist Health Medical Center-Little R		Occupation Senior Vice President/Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Ms. Elisa M. White		Date of Receipt
	Mailing Address 419 Natural Resources Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	Little Rock	AR	72205-1576
	FEC ID number of contributing federal political committee. C		Transaction ID: 18318574
Name of Employer Arkansas Hospital Association		Occupation Vice President & General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Brian E Keeley		Date of Receipt
	Mailing Address 6855 Red Road, Suite 600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	Coral Gables	FL	33143-3632
	FEC ID number of contributing federal political committee. C		Transaction ID: 18318575
Name of Employer Baptist Health South Florida		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Stephen Smart, DDS

Mailing Address 318 Thompson Avenue

City State Zip Code
El Dorado AR 71730-4569

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

Name of Employer: Medical Center of South Arkansas
Occupation: Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: 18318577

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bruce D Cummings

Mailing Address 365 Montauk Avenue

City State Zip Code
New London CT 06320-4700

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

Name of Employer: Lawrence & Memorial Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 18319598

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. John A Miller, Jr., FAC

Mailing Address 1205 Briarwood Ave.

City State Zip Code
Anderson SC 29621-3931

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

Name of Employer: AnMed Health Medical Center
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331708

Amount of Each Receipt this Period
750.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard Kirk Toomey, , FACHE

Mailing Address 955 Ribaut Road

City State Zip Code
Beaufort SC 29902-5441

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

Name of Employer Occupation
Beaufort Memorial Hospital President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331709

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. James O'Loughlin

Mailing Address P O Box 100550

City State Zip Code
Florence SC 29501-0550

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

Name of Employer Occupation
Carolinas Hospital System Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331710

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bruce P Bailey

Mailing Address 606 Black River Road

City State Zip Code
Georgetown SC 29440-3304

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

Name of Employer Occupation
Georgetown Memorial Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331711

Amount of Each Receipt this Period

750.00

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 12 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 606 Black River Road

City State Zip Code
Georgetown SC 29440-3304

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

Name of Employer Occupation
Georgetown Memorial Hospital Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331712

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Suzanne White

Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-5611

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

Name of Employer Occupation
Greenville Hospital System Vice President, Chief Nursing Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331713

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard E D'Alberto, , FACHE

Mailing Address P O Box 976

City State Zip Code
Clinton SC 29325-0976

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

Name of Employer Occupation
Laurens County Health Care System Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331714

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert L Colones	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address P O Box 100551	Transaction ID: 18331715
	City State Zip Code Florence SC 29502-0551	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation McLeod Health President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Charles D Beaman, Jr.	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address P O Box 2266	Transaction ID: 18331716
	City State Zip Code Columbia SC 29202-2266	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Palmetto Health 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	

C.	Full Name (Last, First, Middle Initial) Mr. James M Bridges	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 214 Libby Ariail Lane	Transaction ID: 18331717
	City State Zip Code Chapin SC 29036-8256	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Palmetto Health Baptist/Columbia Executive Vice President and Chief Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2509 Watercrest Lane

City State Zip Code
Johns Island SC 29455-3108

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

Name of Employer Roper Hospital Occupation Vice President of System Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331718

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Ellen Jackson Brown

Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

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

Name of Employer Roper Hospital Occupation VP, Managed Care & Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331719

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City State Zip Code
Charleston SC 29414-5733

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

Name of Employer Bon Secours St. Francis Health System Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331720

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 125 Doughty Street
Suite 760

City Charleston State SC Zip Code 29403-5736

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

Name of Employer Roper St. Francis Healthcare
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331721

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory T Edwards

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital
Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331722

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Rev Terence K Fleming

Mailing Address PO Box 357

City Folly Beach State SC Zip Code 29439-0357

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

Name of Employer Roper Hospital
Occupation VP for Mission

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331723

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City State Zip Code
Mt Pleasant SC 29464-4286

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

Name of Employer Roper Hospital Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331724

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lisa Irvin

Mailing Address 159 Harbour Watch Way

City State Zip Code
Mount Pleasant SC 29464-2827

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

Name of Employer Roper Hospital Occupation VP of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331725

Amount of Each Receipt this Period
250.00

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

Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

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

Name of Employer Roper Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 18331726

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pennie Peralta, RN, BSN

Mailing Address 2223 Hunter Creek Drive

City Charleston State SC Zip Code 29414-6705

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

Name of Employer Roper Hospital Occupation Vice President of Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: 18331727
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Matthew J Severance

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: 18331729
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Steven D Shapiro, M.D.

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital Occupation Vice President for Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: 18331730
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
John Sullivan

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

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

Name of Employer Roper Hospital Occupation CEO, Mt. Pleasant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: 18331731
 Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1125

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

Name of Employer Roper Hospital Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: 18331732
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. James L. Head, Jr. FACHE

Mailing Address 1000 Center Point Road

City Columbia State SC Zip Code 29210-5802

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

Name of Employer South Carolina Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: 18331912
 Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

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

Name of Employer South Carolina Hospital Association
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331913

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

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

Name of Employer South Carolina Hospital Association
Occupation VP, Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331916

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jay Cox, FACHE

Mailing Address 129 North Washington Street

City State Zip Code
Sumter SC 29150-4983

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

Name of Employer Tuomey Healthcare System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331917

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joe D Howell

Mailing Address 143 Lemaster Road

City State Zip Code
Gaffney SC 29341-4903

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

Name of Employer Occupation
Upstate Carolina Medical Center Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331918

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City State Zip Code
Columbia SC 29201-3913

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

Name of Employer Occupation
South Carolina Hospital Association Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331919

Amount of Each Receipt this Period
650.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Burke, M.D.

Mailing Address 1515 Holcombe Boulevard

City State Zip Code
Houston TX 77030-4009

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

Name of Employer Occupation
University of Texas M. D. Anderson Can Executive Vice President and Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 18331955

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Vickie Diamond

Mailing Address 1233 East Second Street

City Casper State WY Zip Code 82601-2926

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 02 / 2010
Transaction ID: 18331978
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Debra D Carey

Mailing Address 445 Lenox Road

City Brooklyn State NY Zip Code 11203-2098

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

Name of Employer SUNY Downstate Medical Center University Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 02 / 2010
Transaction ID: 18331980
 Amount of Each Receipt this Period: 350.00

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

Mailing Address 235 Cantrell Avenue

City Harrisonburg State VA Zip Code 22801-3248

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

Name of Employer Rockingham Memorial Hospital Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 03 / 2010
Transaction ID: 18331983
 Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gary D. Duncan

Mailing Address 1437 Crestwood Drive

City State Zip Code
Joplin MO 64801-1039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: 18331987

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael E Henze

Mailing Address 54 Hospital Drive

City State Zip Code
Osage Beach MO 65065-3050

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

Name of Employer Occupation
Lake Regional Health System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 18331990

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Ms. Pamela J Rezac

Mailing Address 501 Summit Avenue

City State Zip Code
Yankton SD 57078-3855

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

Name of Employer Occupation
Avera Sacred Heart Hospital Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	0

Transaction ID: 18331998

Amount of Each Receipt this Period
250.00

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 23 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David R. Hewett

Mailing Address 5813 Tomar Road

City State Zip Code
Sioux Falls SD 57108-4661

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

Name of Employer: South Dakota Assoc. of Healthcare Orga
Occupation: President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: MM / DD / YYYY
06 / 07 / 2010

Transaction ID: 18331999

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Melvin R Creeley

Mailing Address 425 West Fifth Street

City State Zip Code
East Liverpool OH 43920-2498

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

Name of Employer: East Liverpool City Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 18332123

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. George H. St. George

Mailing Address 306 Cork Pond Road

City State Zip Code
Sylvania GA 30467-8656

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

Name of Employer: Screven County Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 18332233

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Charles T. Adams

Mailing Address P O Box 589

City State Zip Code
Royston GA 30662-0589

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

Name of Employer Ty Cobb Healthcare System, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 18332236

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bradford W Dykes

Mailing Address 104 Windamere Circle

City State Zip Code
Bedford IN 47421-9604

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 18332808

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3636 Emily Way

City State Zip Code
Carmel IN 46033-4442

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

Name of Employer Indiana Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 18332818

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Paula Swenson

Mailing Address 2903 Coachman Dr.

City State Zip Code
Valparaiso IN 46385-2990

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

Name of Employer Occupation
St. Catherine Hospital Chief Nursing Officer

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

Date of Receipt

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

Transaction ID: 18332867

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas O. Barnes

Mailing Address 1900 Perkins St.

City State Zip Code
Bristol CT 06010-8924

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

Name of Employer Occupation
Connecticut Children's Medical Center Trustee

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: 18332959

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael E. Sroczynski, Esq.

Mailing Address 681 East 5th Street #2

City State Zip Code
Boston MA 02127-3201

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

Name of Employer Occupation
Massachusetts Hospital Association Vice President, Government Relations

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: 18332965

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 225 Ariel Heights

City State Zip Code
Charleston WV 25311-1143

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

Name of Employer West Virginia Hospital Association
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 18333000

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Diane Gail Stewart

Mailing Address 124 Boxford Square

City State Zip Code
Folsom CA 95630-6820

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

Name of Employer Sutter Center for Psychiatry
Occupation Vice Chair, Sutter Health Pacific

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 18335071

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jack Ludmir

Mailing Address 800 Spruce Street

City State Zip Code
Philadelphia PA 19107-6130

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

Name of Employer Pennsylvania Hospital
Occupation Chair, Obstetrics & Gynecology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 18335171

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 39 Sheldon Street

City Ardsley State NY Zip Code 10502-2504

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

Name of Employer Montefiore Medical Center Occupation Executive Vice Chair Psychiatry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: 18335172
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark D Judy

Mailing Address P O Box 330

City Leavenworth State WA Zip Code 98826-0330

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 09 / 2010
Transaction ID: 18336886
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark C. Adams, M.D.

Mailing Address 1717 South J Street

City Tacoma State WA Zip Code 98405-4933

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

Name of Employer Franciscan Health System Occupation Vice President and Chief Medical Offic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 09 / 2010
Transaction ID: 18337264
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Karen L Bowling

Mailing Address 127 Orlando Street

City State Zip Code
Beckley WV 25801-8792

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

Name of Employer Raleigh General Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 18337964

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. J Thomas Jones

Mailing Address 3106 N. Greystone Drive

City State Zip Code
Morgantown WV 26508-8601

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

Name of Employer West Virginia United Health System Occupation President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 18337965

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Tommy H. Mullins

Mailing Address 1521 Spars Creek Road

City State Zip Code
Danville WV 25053-8020

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

Name of Employer Boone Memorial Hospital Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 18337966

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 20 Wildacre Road

City Charleston State WV Zip Code 25314

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

Name of Employer Charleston Area Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2010
Transaction ID: 18337967
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael G Sellards

Mailing Address 60 Mayfair Way

City Huntington State WV Zip Code 25705-3835

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2010
Transaction ID: 18337968
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City Quincy State IL Zip Code 62301-6380

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

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2010
Transaction ID: 18337974
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 18 Heron Lane

City State Zip Code
Barrington IL 60010-5142

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

Name of Employer Occupation
Centegra Health System Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 18337978

Amount of Each Receipt this Period
250.00

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

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

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

Name of Employer Occupation
Centegra Hospital - McHenry Senior Vice President of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 18338008

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gordon Langejans

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

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

Name of Employer Occupation
Rockford Memorial Hospital VP, Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: 18338010

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Zbigniew Lorenc

Mailing Address 6710 Concord Trail

City State Zip Code
Crystal Lake IL 60012-3147

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

Name of Employer Occupation
Centegra Hospital - Woodstock Vice President, Medical Affairs

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

Date of Receipt

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

Transaction ID: 18338011

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City State Zip Code
Woodstock IL 60098-3678

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

Name of Employer Occupation
Centegra Hospital - Woodstock Senior Vice President, Women's Health

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

Date of Receipt

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

Transaction ID: 18338012

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Doug Rahn

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

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

Name of Employer Occupation
Memorial Health System Chief Operating Officer

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

Date of Receipt

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

Transaction ID: 18338017

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 32 Rock River Court

City State Zip Code
Naperville IL 60565-6347

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

Name of Employer Occupation
Centegra Hospital - Woods-tock Chief Financial Officer

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

Date of Receipt

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

Transaction ID: 18338019

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City State Zip Code
Woodstock IL 60098-8881

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

Name of Employer Occupation
Centegra Hospital - Woods-tock Executive Vice President

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

Date of Receipt

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

Transaction ID: 18338020

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Henry Seybold, Jr.

Mailing Address 529 South Summit Street

City State Zip Code
Barrington IL 60010-4413

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

Name of Employer Occupation
Rockford Memorial Hospital CFO

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

Date of Receipt

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

Transaction ID: 18338021

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

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

Name of Employer Advocate Health Care Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: 18338023

Amount of Each Receipt this Period
500.00

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

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

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

Name of Employer Rockford Memorial Hospital Occupation Chief Physician Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: 18338024

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen C Yosko

Mailing Address P O Box 795

City State Zip Code
Wheaton IL 60189-0795

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

Name of Employer Marianjoy Rehabilitation Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: 18338026

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

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

Name of Employer Illinois Hospital Association
Occupation Sr. VP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: 18338041

Amount of Each Receipt this Period
281.25

B.

Full Name (Last, First, Middle Initial)
Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Illinois Hospital Association
Occupation Director of Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: 18338048

Amount of Each Receipt this Period
281.25

C.

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

Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

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

Name of Employer Illinois Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: 18338072

Amount of Each Receipt this Period
281.25

SUBTOTAL of Receipts This Page (optional) ► **843.75**

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 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

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

Transaction ID: 18338078

Amount of Each Receipt this Period
281.25

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

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

Transaction ID: 18338094

Amount of Each Receipt this Period
281.25

C.

Full Name (Last, First, Middle Initial)
Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City Springfield State IL Zip Code 62707-6070

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

Name of Employer Illinois Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

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

Transaction ID: 18338107

Amount of Each Receipt this Period
281.25

SUBTOTAL of Receipts This Page (optional) ► **843.75**

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

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

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

FOR LINE NUMBER: PAGE 36 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City Naperville State IL Zip Code 60563-9339

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

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt 06 / 10 / 2010
Transaction ID: 18338123
Amount of Each Receipt this Period 281.25

B. Full Name (Last, First, Middle Initial)
Mr. Eugene Arnone

Mailing Address 2500 Sutton Ave

City Northfield State NJ Zip Code 08225-1043

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

Name of Employer AtlantiCare Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2010
Transaction ID: 18338861
Amount of Each Receipt this Period 250.00

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

Mailing Address 46 Cypress Lane

City West Creek State NJ Zip Code 08092-2839

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

Name of Employer Southern Ocean County Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2010
Transaction ID: 18338868
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1031.25

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

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

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

FOR LINE NUMBER: PAGE 37 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2902 South Lake Dr.

City Davidsonville State MD Zip Code 21035-1300

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

Name of Employer NASA Occupation Mission Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 11 / 2010
Transaction ID: 18338936
 Amount of Each Receipt this Period: 510.00

B. Full Name (Last, First, Middle Initial)
Mr. Eugene A. Friedman

Mailing Address 2211 Crest Road

City Baltimore State MD Zip Code 21209-4227

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

Name of Employer LifeBridge Health Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 06 / 11 / 2010
Transaction ID: 18338944
 Amount of Each Receipt this Period: 255.00

C. Full Name (Last, First, Middle Initial)
Mr. Frederick O. Mitchell

Mailing Address Post Office Box 36
1642 Perryman Rd.

City Perryman State MD Zip Code 21130-0036

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

Name of Employer Johns Hopkins Hospital Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt: 06 / 11 / 2010
Transaction ID: 18338964
 Amount of Each Receipt this Period: 85.00

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 38 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Peter W Monge

Mailing Address 4220 Great Oak Road

City State Zip Code
Rockville MD 20853-1855

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

Name of Employer: Montgomery General Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt: MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 18338965

Amount of Each Receipt this Period
255.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ronald R Peterson

Mailing Address 1403 Lytham Court

City State Zip Code
Bel Air MD 21015-5691

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

Name of Employer: Johns Hopkins Health System
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt: MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 18338966

Amount of Each Receipt this Period
255.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joanne E Pollak, , JD

Mailing Address One East Highfield Road

City State Zip Code
Baltimore MD 21218

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

Name of Employer: Johns Hopkins Health System
Occupation: Vice President and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt: MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 18338967

Amount of Each Receipt this Period
510.00

SUBTOTAL of Receipts This Page (optional) ► **1020.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Barry Ronan	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 15119 Trail Ridge Road SW	Transaction ID: 18338971
	City State Zip Code Cumberland MD 21502-2554	Amount of Each Receipt this Period 510.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Western Maryland Health System Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 510.00	

B.	Full Name (Last, First, Middle Initial) Mr. Harry G Dorman, III	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 125 Mascoma Street	Transaction ID: 18339825
	City State Zip Code Lebanon NH 03766-2647	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Alice Peck Day 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: 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary Kitchell	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 4114 Edgewater Drive	Transaction ID: 18341396
	City State Zip Code Ames IA 50010-4192	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Mary Greeley Medical Center Occupation: Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 500.00	

SUBTOTAL of Receipts This Page (optional)	1510.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 40 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark J. Bittle

Mailing Address 2510 Fox Road

City State Zip Code
Fallston MD 21047-1217

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

Name of Employer: Johns Hopkins Health System
Occupation: Vice President, Ambulatory Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt: 06 / 14 / 2010
Transaction ID: 18341857
 Amount of Each Receipt this Period: 255.00

B. Full Name (Last, First, Middle Initial)
Mr. Brian A Gragnolati, FACHE

Mailing Address 8600 Old Georgetown Road

City State Zip Code
Bethesda MD 20814-1422

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

Name of Employer: Suburban Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt: 06 / 14 / 2010
Transaction ID: 18341867
 Amount of Each Receipt this Period: 255.00

C. Full Name (Last, First, Middle Initial)
Mr Walter J Ramos, Esq.

Mailing Address 41-G Warren Ave

City State Zip Code
Boston MA 02116-6132

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

Name of Employer: Massachusetts Hospital Association
Occupation: Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 18342500
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **760.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 113

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Lynn B. Nicholas, FACHE

Mailing Address Five New England Executive Park

City State Zip Code
Burlington MA 01803-5010

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: 18342520

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Marjorie Swetonic

Mailing Address 3104 Faiss Dr.

City State Zip Code
Las Vegas NV 89134-7432

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

Name of Employer Occupation
MountainView Hospital Vice Chair

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

Date of Receipt

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

Transaction ID: 18343630

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Raymond Grady, FACHE

Mailing Address 2239 Charter Point Drive

City State Zip Code
Arlington Heights IL 60004-7226

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

Name of Employer Occupation
Health Alliance of Greater Trustee
Cincinnati

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: 18345027

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. M Michelle Hood

Mailing Address 43 Whiting Hill Road

City Brewer State ME Zip Code 04412-1005

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

Name of Employer Eastern Maine Healthcare Systems
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 22 / 2010
Transaction ID: 18350336
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Peter L Slavin, , M.D.

Mailing Address 55 Fruit Street

City Boston State MA Zip Code 02114-2622

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

Name of Employer Massachusetts General Hos- pital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 22 / 2010
Transaction ID: 18350338
Amount of Each Receipt this Period: 350.00

C.

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

Mailing Address 160 Allen Street

City Rutland State VT Zip Code 05701-4560

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 22 / 2010
Transaction ID: 18350339
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Francis M Saba	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 14 Prospect Street	Transaction ID: 18350341
	City State Zip Code Milford MA 01757-3090	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Milford Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Peter J Holden	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 275 Sandwich Street	Transaction ID: 18350567
	City State Zip Code Plymouth MA 02360-2183	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jordan Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael V Sack	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 585 Lebanon Street	Transaction ID: 18350608
	City State Zip Code Melrose MA 02176-3225	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hallmark Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph W. Crossett

Mailing Address 411 Glendale

City State Zip Code
Liberty MO 64068-2811

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

Name of Employer Occupation
Liberty Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18353989

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr John R Audett, , M.D.

Mailing Address 2203 N. Van Dorn #301

City State Zip Code
Alexandria VA 22304-1047

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

Name of Employer Occupation
Inova Alexandria Hospital Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354033

Amount of Each Receipt this Period
350.00

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

Mailing Address 2418 Crowncrest Way

City State Zip Code
Richmond VA 23233-2518

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

Name of Employer Occupation
Bon Secours Richmond Health Executive V.P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354034

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary L. Blunt

Mailing Address 801 Hidden Harbor Ct.

City State Zip Code
Chesapeake VA 23322-7076

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

Name of Employer Occupation
Sentara Norfolk General Hospital Vice President and Administrator

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2010

Transaction ID: 18354039

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeff Burke

Mailing Address 12600 Foxstone Court

City State Zip Code
Midlothian VA 23113-2279

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

Name of Employer Occupation
Bon Secours-Richmond Community Hospital Chief Information Officer

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2010

Transaction ID: 18354043

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Robin Depaoli

Mailing Address 8317 Stonewall Drive

City State Zip Code
Vienna VA 22180-6949

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Senior Vice President & CFO

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2010

Transaction ID: 18354046

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. William D. Fairchild		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 14450 Sedona Drive		Transaction ID: 18354050
	City Gainesville	State VA	Zip Code 20155-2827
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Prince William Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr John Gaul		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 8013 River Falls Dr		Transaction ID: 18354054
	City Potomac	State MD	Zip Code 20854-3849
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Inova Health System	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Barry Gross		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 1602 York River Drive		Transaction ID: 18354058
	City Gloucester Point	State VA	Zip Code 23062-2511
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Riverside Health System	Occupation Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 47 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Mark Merrill

Mailing Address PO Box 2138

City Winchester State VA Zip Code 22604-1338

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

Name of Employer Valley Health System Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354072
 Amount of Each Receipt this Period: 350.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward G Murphy, M.D.

Mailing Address P O Box 13367

City Roanoke State VA Zip Code 24033-3367

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354073
 Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Patrick B Nolan

Mailing Address 1000 Shenandoah Avenue

City Front Royal State VA Zip Code 22630-3547

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

Name of Employer Warren Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354074
 Amount of Each Receipt this Period: 350.00

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Reuven Pasternak, M.D., MB

Mailing Address 3300 Gallows Road

City Falls Church State VA Zip Code 22042-3307

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

Name of Employer Inova Fairfax Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 24 / 2010
Transaction ID: 18354077
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Mr. Bertram Reese

Mailing Address 1513 Quail Point Road

City Virginia Beach State VA Zip Code 23454-3115

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

Name of Employer Sentara Healthcare Occupation VP & Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 24 / 2010
Transaction ID: 18354082
Amount of Each Receipt this Period 350.00

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

Mailing Address 900 Stuart Avenue

City Arlington State VA Zip Code 22203-4101

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

Name of Employer Inova Health System Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 24 / 2010
Transaction ID: 18354083
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 235 Cantrell Avenue

City State Zip Code
Harrisonburg VA 22801-3248

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

Name of Employer
Rockingham Memorial Hospital

Occupation
Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354261

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 6015 Poplar Hall Drive

City State Zip Code
Norfolk VA 23502-3819

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

Name of Employer
Sentara Healthcare

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354263

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Andrew P. Weddle

Mailing Address 2708 Sandy Valley Road

City State Zip Code
Virginia Beach VA 23452-7751

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

Name of Employer
Sentara Bayside Hospital

Occupation
Vice President, Revenue Cycle

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354281

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Nancy H Agee

Mailing Address 802 Cherrywood Road

City Salem State VA Zip Code 24153-2755

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

Name of Employer Carilion Clinic Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 18354292

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jonathan Applebaum

Mailing Address 393 Stonebrook Drive

City Galax State VA Zip Code 24333-6236

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

Name of Employer Twin County Regional Hospital Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 18354294

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Toni R Ardabell, , R.N.

Mailing Address 5801 Bremono Road

City Richmond State VA Zip Code 23226-1907

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

Name of Employer Bon Secours St. Mary's Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 18354295

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

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

Name of Employer Sentara Healthcare Occupation Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354299
 Amount of Each Receipt this Period: 350.00

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

Mailing Address 1408 Five Hill Trail

City Virginia Beach State VA Zip Code 23452-4704

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

Name of Employer Chesapeake Regional Medical Center Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354300
 Amount of Each Receipt this Period: 350.00

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

Mailing Address 2406 Worchester Rd

City Midlothian State VA Zip Code 23113-6058

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

Name of Employer Bon Secours-Richmond Community Hospital Occupation Organizational Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354305
 Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Teresa Edwards

Mailing Address 100 Sentara Circle

City State Zip Code
Williamsburg VA 23188-1539

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

Name of Employer Occupation
Sentara Williamsburg Regional Medical COO

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354306

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. John L Fitzgerald

Mailing Address 3600 Joseph Siewick Drive

City State Zip Code
Fairfax VA 22033-1798

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

Name of Employer Occupation
Inova Fair Oaks Hospital Chief Executive Officer

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354307

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Debra A Flores

Mailing Address 3000 Coliseum Drive

City State Zip Code
Hampton VA 23666-5963

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

Name of Employer Occupation
Sentara CarèPlex Hospital Vice President and Administrator

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354309

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 113
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Mr. Michael V Gentry

Mailing Address 1328 Murray Drive

City State Zip Code
Chesapeake VA 23322-1834

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

Name of Employer Occupation
Sentara Healthcare Corporate Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18354535

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Floyd Heater

Mailing Address 759 South Main Street

City State Zip Code
Woodstock VA 22664-1127

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

Name of Employer Occupation
Shenandoah Memorial Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18354582

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Timothy Jennings

Mailing Address 4715 White Owl Crescenty

City State Zip Code
Chesapeake VA 23321

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

Name of Employer Occupation
Sentara Norfolk General Hospital Vice President Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 18354591

Amount of Each Receipt this Period
350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 113		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Valerie Keane		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 300 Princess Anne Street		Transaction ID: 18354593
	City Fredericksburg	State VA	Zip Code 22401-6041
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Potomac Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mr. Randall L Kelley		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address P O Box 6000		Transaction ID: 18354594
	City Leesburg	State VA	Zip Code 20177-0600
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Inova Loudoun Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth M. Krakaur		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 108 Burwell Court		Transaction ID: 18354602
	City Williamsburg	State VA	Zip Code 23185-6507
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Sentara Healthcare	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 14304 Horseshoe Ford Rd

City State Zip Code
Ashland VA 23005-3163

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

Name of Employer Occupation
University of Virginia Medical Center Director, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354605

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Rebecca Maples

Mailing Address 205 White Dogwood Dr

City State Zip Code
Chesapeake VA 23322-4166

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

Name of Employer Occupation
Bon Secours Hampton Roads Vice President Surgical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354619

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms Darleen Mastin

Mailing Address 4748 Totteridge Lane

City State Zip Code
Virginia Beach VA 23462

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

Name of Employer Occupation
Centra Health Sr. Vice President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354620

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sandra J. Miller

Mailing Address 379 Dorwin Drive

City Norfolk State VA Zip Code 23502-5707

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

Name of Employer Sentara Healthcare Occupation Director, Gov't Relations and Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354621
 Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph M Oddis

Mailing Address 893 Mallard Circle

City Arnold State MD Zip Code 21012-1508

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

Name of Employer Bon Secours Hampton Roads Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354650
 Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Ms. Megan R Perry

Mailing Address 3000 Coliseum Drive

City Hampton State VA Zip Code 23666-5963

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

Name of Employer Sentara CarèPlex Hospital Occupation Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: 18354652
 Amount of Each Receipt this Period: 350.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Theodore Price		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 6709 River Road		Transaction ID: 18354653		
	City Richmond	State VA	Zip Code 23229-8529	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sheltering Arms Rehabilitation Hospita	Occupation Board Member	Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) Dr. James Sammons, Jr.		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 104 Pebble Beach		Transaction ID: 18354665		
	City Williamsburg	State VA	Zip Code 23188-8904	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sentara Williamsburg Regional Medical	Occupation Vice President Medical Affairs	Aggregate Year-to-Date ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) Ms. Bonnie Shelor		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 3103 Bretton Ct		Transaction ID: 18354676		
	City Glen Allen	State VA	Zip Code 23060-2639	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bon Secours-Richmond Community Hospita	Occupation Senior Vice President of Human Relatio	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 58 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 4712 Greenbrooke Drive

City State Zip Code
Glen Allen VA 23060-6177

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

Name of Employer Occupation
Bon Secours St. Francis Medical Center Vice President, Operations

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354677

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer W. Siciliano

Mailing Address 8110 Gatehouse Road
Suite 200 East Tower

City State Zip Code
Falls Church VA 22042-1210

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

Name of Employer Occupation
Inova Health System Asst VP Government Relations

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354678

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Ms. Judie S. Snipes

Mailing Address 77 Gloucester Court

City State Zip Code
Troutville VA 24175-6625

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

Name of Employer Occupation
Carilion Clinic Senior Vice President

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 18354679

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 113

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Phyllis Stoneburner

Mailing Address 4544 Miarfield Circle

City State Zip Code
Chesapeake VA 23321-4262

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

Name of Employer Occupation
Sentara Obici Hospital Vice President, Patient Care Services

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: 18354697

Amount of Each Receipt this Period

350.00

B.

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

Mailing Address 104 Watch Harbour Circle

City State Zip Code
Smithfield VA 23430-2326

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

Name of Employer Occupation
Sentara Healthcare Director of Pharmacy

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: 18354698

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Cynda Tipple

Mailing Address 973 N. Potomac Street

City State Zip Code
Arlington VA 22205-1649

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

Name of Employer Occupation
Prince William Hospital Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 0

Transaction ID: 18354699

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Katharine M. Webb		Date of Receipt
	Mailing Address 14 Bridgeway Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2010
	City	State	Zip Code
	Richmond	VA	23226-3302
	FEC ID number of contributing federal political committee. C		Transaction ID: 18354705
Name of Employer Virginia Hospital & Healthcare Associa		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 350.00

B.	Full Name (Last, First, Middle Initial) Dr. Gary R Yates		Date of Receipt
	Mailing Address 1065 Downshire Chase		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2010
	City	State	Zip Code
	Virginia Beach	VA	23452-6155
	FEC ID number of contributing federal political committee. C		Transaction ID: 18354710
Name of Employer Sentara Healthcare		Occupation Chief Medical Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 350.00

C.	Full Name (Last, First, Middle Initial) Ms. Patricia A. Warner, MPH		Date of Receipt
	Mailing Address 1500 East Medical Center Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Ann Arbor	MI	48109-5000
	FEC ID number of contributing federal political committee. C		Transaction ID: 18354770
Name of Employer University of Michigan Hospitals and H		Occupation Assoc. Director and Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	<input type="text"/> 350.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 113
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Domingo Cruz

Mailing Address 250 San Jorge Street

City San Juan State PR Zip Code 00912-3331

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

Name of Employer San Jorge Children's Hospital Occupation Senior Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 25 / 2010
Transaction ID: 18354881
Amount of Each Receipt this Period: 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Enrique A Vicens

Mailing Address PO Box 8797

City Ponce State PR Zip Code 00732-8797

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

Name of Employer Hospital De Damas Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 25 / 2010
Transaction ID: 18354903
Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas P Rasmusson

Mailing Address 525 North Foster

City Mitchell State SD Zip Code 57301-2966

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

Name of Employer Avera Queen of Peace Occupation Regional President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 25 / 2010
Transaction ID: 18354937
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3900 West Avera Drive, Ste 301

City State Zip Code
Sioux Falls SD 57108-5721

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

Name of Employer Occupation
Avera Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 18354938

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Daniel Gran

Mailing Address P O Box 370

City State Zip Code
Freeman SD 57029-0370

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

Name of Employer Occupation
Freeman Regional Health Services Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 18354949

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Jason Carlson

Mailing Address 30 South Behl Street

City State Zip Code
Appleton MN 56208-1616

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

Name of Employer Occupation
Appleton Area Health Services Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 18355239

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Christine M Harff	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 120 LaBree Avenue South	Transaction ID: 18355245
	City State Zip Code Thief River Falls MN 56701-2819	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MeritCare Thief River Falls Northwest Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. David C. Gessel, J.D.	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 2180 S. 1300 East #440	Transaction ID: 18358856
	City State Zip Code SLC UT 84106-2813	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UHA, Utah Hospitals & Health Systems A Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Larry D. Hancock	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 10183 South Loridan Lane	Transaction ID: 18358858
	City State Zip Code Sandy UT 84092-4494	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Intermountain Healthcare, Inc. Occupation CEO, Urban Central Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 9801 Renner Boulevard, Ste 100

City Lenexa State KS Zip Code 66219-9745

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

Name of Employer Sisters of Charity of Leavenworth Heal Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2010
Transaction ID: 18359192
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 7650 Edwinborough Way Suite 200

City Minneapolis State MN Zip Code 55435-5978

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

Name of Employer Catholic Health Initiatives Occupation Sr. Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2010
Transaction ID: 18359947
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Cannon

Mailing Address 4 Broadview Farm Road

City Saint Louis State MO Zip Code 63141-8501

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

Name of Employer BJC HealthCare Occupation Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 18362243
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Carmela S. Coyle

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6200

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

Name of Employer Occupation
Maryland Hospital Association President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 18362326

Amount of Each Receipt this Period
510.00

B.

Full Name (Last, First, Middle Initial)
Mr. John T Porter

Mailing Address 3900 West Avera Drive, Ste 301

City State Zip Code
Sioux Falls SD 57108-5721

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

Name of Employer Occupation
Avera Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 18362444

Amount of Each Receipt this Period
175.00

C.

Full Name (Last, First, Middle Initial)
Mr Ricky D Wallace

Mailing Address 801 West Maple Street

City State Zip Code
Farmington NM 87401-5630

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

Name of Employer Occupation
San Juan Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 18362489

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **935.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert A Garcia	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address P O Box 26666	Transaction ID: 18362491
	City State Zip Code Albuquerque NM 87125-6666	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Presbyterian Healthcare Services Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 506A East Howell Avenue	Transaction ID: PR1034595123898
	City State Zip Code Alexandria VA 22301-1216	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: American Hospital Association-Washingt Occupation: Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1045726223898
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: American Hospital Association-Washingt Occupation: Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	495.00
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 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation VP Research Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.28

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1057462123898
 Amount of Each Receipt this Period 117.64
 P/R Deduction (\$58.82 Bi-Weekly)

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

Mailing Address One North Franklin Street
Suite 32139

City Chicago State IL Zip Code 60606

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

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1302378923898
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. James Wadzinski

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Vice President Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1347703423898
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 237.64

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 68 / 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One North Franklin	Transaction ID: PR1347703623898
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. John Slotman	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1384065323898
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Mark Colucci	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1061 N Penny Ln	Transaction ID: PR1475133723898
	City State Zip Code Palatine IL 60067-1821	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Executive Director - ASHHRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1492459923898

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 409.05

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1671258623898

Amount of Each Receipt this Period
90.90

P/R Deduction (\$45.45 Bi-Weekly)

C.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 409.05

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1677512423898

Amount of Each Receipt this Period
90.90

P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **221.80**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 113

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation
Senior Vice President, Public Policy

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

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

Transaction ID: PR327629123898

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City State Zip Code
Rockville MD 20852-3249

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

Name of Employer American Hospital Association-Washingt Occupation
Director, Grassroots Advocacy

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

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

Transaction ID: PR327745923898

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

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

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation
Associate Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

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

Transaction ID: PR327771623898

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 113	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1022 S. Harvey Avenue		Transaction ID: PR32777823898
	City Oak Park	State IL	Zip Code 60304-2132
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

B.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1003 Kimberly Place		Transaction ID: PR327801723898
	City Great Falls	State VA	Zip Code 22066-1546
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR327812023898
	City Washington	State DC	Zip Code 20004-2818
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Association-Washingt	Occupation Chief Executive Officer, AONE & Sr. Vi	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 113

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

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

Name of Employer American Hospital Association-Washingt
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: PR327831723898

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Meetings & Travel Serv

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: PR327846223898

Amount of Each Receipt this Period

40.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

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

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

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: PR327851923898

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR327858023898
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR327877823898
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 130 North Garland Court
#3002

City Chicago State IL Zip Code 60602-4750

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR327895723898
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 113
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR328132823898

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

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

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR328136923898

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR328223823898

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1093 N. Faldo Way	Transaction ID: PR328241423898
	City State Zip Code Eagle ID 83616-5369	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3475 North Venice Street	Transaction ID: PR328260923898
	City State Zip Code Arlington VA 22207-4446	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328341823898
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 200 Clover Hill Court	Transaction ID: PR328511823898
	City State Zip Code Yardley PA 19067-5736	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1501 N. Harrison Street	Transaction ID: PR328512023898
	City State Zip Code Arlington VA 22205-2726	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. George Arges	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One North Franklin St.	Transaction ID: PR328641123898
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Senior Director, Health Data Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$22.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One North Franklin Ave.		Transaction ID: PR328913323898
	City Chicago	State IL	Zip Code 60606
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Association-Chicago	Occupation President & CEO, AHA Solutions, Inc. &	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One North Franklin Street		Transaction ID: PR329013423898
	City Chicago	State IL	Zip Code 60606
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Chicago	Occupation SPSA Director	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One North Franklin		Transaction ID: PR329071323898
	City Chicago	State IL	Zip Code 60606-3436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Association-Chicago	Occupation President & Chief Operating Officer, C	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR329084423898
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 500 Interstate Boulevard South	Transaction ID: PR329215723898
	City Nashville State TN Zip Code 37210-4634	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One North Franklin	Transaction ID: PR330343323898
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 79 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR330411623898

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City State Zip Code
Apple Valley MN 55124-9229

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR330475423898

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: PR330534323898

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Chicago	IL	60606-3436
	FEC ID number of contributing federal political committee.		Transaction ID: PR330547723898
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Strategic Planning	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Lake Forest	IL	60045-1715
	FEC ID number of contributing federal political committee.		Transaction ID: PR330549223898
		Amount of Each Receipt this Period	<input type="text"/> 80.00
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Constituency Section	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 480.00	

C.	Full Name (Last, First, Middle Initial) Mr. Anthony Spohn		Date of Receipt
	Mailing Address 3219 N. Oriole		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Chicago	IL	60634-3232
	FEC ID number of contributing federal political committee.		Transaction ID: PR331098323898
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer American Hospital Association-Chicago		Occupation Executive Director, Associate Membersh	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 81 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt
Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.66

Date of Receipt 06 / 30 / 2010
Transaction ID: PR331304223898
 Amount of Each Receipt this Period 106.66
 P/R Deduction (\$53.33 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City State Zip Code
Austin TX 78761-5587

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR331416023898
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code
Falls Church VA 22046-2613

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

Name of Employer American Hospital Association-Washingt
Occupation Vice President, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR331533223898
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 306.66

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 82 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, PMG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

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

Transaction ID: PR346168123898

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Vice President Executive Branch Relati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

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

Transaction ID: PR517619723898

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: PR518031923898

Amount of Each Receipt this Period
60.00

P/R Deduction (\$21.74 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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 / 113
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

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

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR566280923898

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR766023723898

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR876637223898

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ► 75364.85

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

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

FOR LINE NUMBER: PAGE 84 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 138500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2010

Transaction ID: 18333768

Amount of Each Receipt this Period
20000.00

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

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 90000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2010

Transaction ID: 18338928

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
OhioHealth Star PAC

Mailing Address 1087 Dennison Avenue

City State Zip Code
Columbus OH 43201

FEC ID number of contributing federal political committee. **C** C00210617

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2010

Transaction ID: 18346736

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **31000.00**

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 85 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
44800.00

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

Transaction ID: 18347096

Amount of Each Receipt this Period
31800.00

B. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

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

Transaction ID: 18347214

Amount of Each Receipt this Period
1800.00

C. Full Name (Last, First, Middle Initial)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 1 0

Transaction ID: 18354768

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **43600.00**

TOTAL This Period (last page this line number only) ► **74600.00**

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

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

FOR LINE NUMBER: PAGE 86 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
GMMB

Mailing Address 1010 Wisconsin Ave NW
Suite 800

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14637.54

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 1 0

Transaction ID: 18407113

Amount of Each Receipt this Period
14637.54

Refund

SUBTOTAL of Receipts This Page (optional)	▶	14637.54
TOTAL This Period (last page this line number only)	▶	14637.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 113
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1377.09

Date of Receipt

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

Transaction ID: 18427753

Amount of Each Receipt this Period

182.14

Interest Earned

SUBTOTAL of Receipts This Page (optional)	▶	182.14
TOTAL This Period (last page this line number only)	▶	182.14

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Voice for Freedom PAC <hr/> Mailing Address 2814 Spring Road Suite 103 <hr/> City Atlanta State GA Zip Code 30339 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Voice for Freedom PAC <hr/> 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:	Transaction ID: 18336816 Date of Disbursement 06 / 04 / 2010	
		Amount of Each Disbursement this Period 2500.00	
		2010 Contribution	
B.	Full Name (Last, First, Middle Initial) America's Leadership PAC <hr/> Mailing Address 607 - 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name America's Leadership PAC <hr/> 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:	Transaction ID: 18336817 Date of Disbursement 06 / 04 / 2010	
		Amount of Each Disbursement this Period 1000.00	
		2010 Contribution	
C.	Full Name (Last, First, Middle Initial) Leahy For U.S. Senator Committee <hr/> Mailing Address PO Box 1042 <hr/> City Montpelier State VT Zip Code 05601 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Patrick J. Leahy <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District:	Transaction ID: 18336818 Date of Disbursement 06 / 04 / 2010	
		Amount of Each Disbursement this Period 1000.00	
		Contribution	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address P.O. Box 1863</p> <p>City Indianapolis State IN Zip Code 46206</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Andre Carson Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 07</p>	<p>Transaction ID: 18336826 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Carolyn McCarthy Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 04</p>	<p>Transaction ID: 18336832 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Timothy Bishop Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 01</p>	<p>Transaction ID: 18336833 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Committee To Elect Linda Sanchez</p> <p>Mailing Address 601 S Glenoaks Blvd Suite 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Linda T. Sanchez Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39</p>	<p>Transaction ID: 18336835 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza</p> <p>Mailing Address PO Box 2749</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Dennis A. Cardoza Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 18</p>	<p>Transaction ID: 18336841 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Oliverio For Congress</p> <p>Mailing Address 1199 Van Voorhis Rd Suite 6</p> <p>City Morgantown State WV Zip Code 26505</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Michael Oliverio Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01</p>	<p>Transaction ID: 18336843 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Candice Miller For Congress</p> <p>Mailing Address P.O. Box 182152</p> <p>City Shelby Township State MI Zip Code 48318</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Candice S. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18336844 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Rush Holt For Congress</p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rush D. Holt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18336846 Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Progressive Choices PAC</p> <p>Mailing Address PO Box 58</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Progressive Choices PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18343730 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Future Leaders PAC <hr/> Mailing Address 1155 21st St., NW Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Future Leaders PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343731 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 2010 Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) TRUST PAC (Team Republicans for Utilizing Sensible Tactics) <hr/> Mailing Address Post Office Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name TRUST PAC (Team Republicans for Utilizing Sensible Tactics) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343741 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Committee for a Livable Future <hr/> Mailing Address 921 SW Washington Street Suite 470 <hr/> City Portland State OR Zip Code 97205 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Committee for a Livable Future <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343796 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343798 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) John Lewis For Congress <hr/> Mailing Address PO Box 2323 Suite 5300 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343800 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2010	Amount of Each Disbursement this Period 1500.00 Contribution
C.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee <hr/> Mailing Address PO Box 530788 <hr/> City Livonia State MI Zip Code 48153 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Thaddeus G. McCotter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343809 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2010	Amount of Each Disbursement this Period 500.00 Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gregory P. Walden

Office Sought: House
 Senate
 President

State: OR District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18343811
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

Candidate Name
Rep. Danny K. Davis

Office Sought: House
 Senate
 President

State: IL District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18343813
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Harry Mitchell For Congress

Mailing Address PO Box 23748

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Contribution

Candidate Name
Rep. Harry Mitchell

Office Sought: House
 Senate
 President

State: AZ District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18343815
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1133.31

Contribution

SUBTOTAL of Disbursements This Page (optional)

3133.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Harry Mitchell For Congress</p> <p>Mailing Address PO Box 23748</p> <p>City Tempe State AZ Zip Code 85285</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Harry Mitchell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18343816</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1367.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Trent Franks To Congress</p> <p>Mailing Address 12416 N. 57th Drive</p> <p>City Glendale State AZ Zip Code 85304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Trent Franks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18343819</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher John Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18343844</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2867.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Fattah For Congress	Transaction ID: 18343848 Date of Disbursement 06 / 10 / 2010
	Mailing Address 3900 Ford Road Suite 12-O	Amount of Each Disbursement this Period 1000.00
	City Philadelphia State PA Zip Code 19131	
	Purpose of Disbursement Contribution Candidate Name Rep. Chaka Fattah	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) BEAN-PAC	Transaction ID: 18346703 Date of Disbursement 06 / 16 / 2010
	Mailing Address PO Box 4117	Amount of Each Disbursement this Period 1000.00
	City Barrington State IL Zip Code 60011	
	Purpose of Disbursement 2010 Contribution Candidate Name BEAN-PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

C.	Full Name (Last, First, Middle Initial) Shore PAC	Transaction ID: 18353725 Date of Disbursement 06 / 16 / 2010
	Mailing Address P.O. Box 3157	Amount of Each Disbursement this Period 1500.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement 2010 Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2010 Contribution

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson <hr/> Mailing Address PO Box 1112 <hr/> City State Zip Code State College PA 16804 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Rep. Glenn W. Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 05	Transaction ID: 18353732 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
B.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson <hr/> Mailing Address P.O. Box 822 400 Broadway, Suite 501 <hr/> City State Zip Code Cape Girardeau MO 63702 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Rep. Jo Ann Emerson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 08	Transaction ID: 18353763 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
C.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City State Zip Code Springfield MA 01108 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Rep. Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02	Transaction ID: 18353769 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Clarke For Congress	Transaction ID: 18353770 Date of Disbursement 06 / 16 / 2010
	Mailing Address 111-36 200th. Street	Amount of Each Disbursement this Period 1000.00
	City Hollis State NY Zip Code 11412	
	Purpose of Disbursement Contribution Candidate Name Rep. Yvette D. Clarke Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 18353771 Date of Disbursement 06 / 16 / 2010
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 1000.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement Contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 18353772 Date of Disbursement 06 / 16 / 2010
	Mailing Address PO Box 33027	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98133	
	Purpose of Disbursement Contribution Candidate Name Rep. Jay Inslee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18353773 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Carnahan In Congress</p> <p>Mailing Address 7370 Manchester Rd Ste 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18353782 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18353783 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18359985</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Jeff Duncan for Congress</p> <p>Mailing Address PO Box 732</p> <p>City Clinton State SC Zip Code 29325</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jeff Duncan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360068</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Responsibility and Freedom Work PAC</p> <p>Mailing Address PO Box 196</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Responsibility and Freedom Work PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360080</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address 818 Connecticut Ave., NW Suite 1100 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Glacier PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18360082 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00 2010 Contribution
B.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress <hr/> Mailing Address 1600 Roosevelt Avenue Suite 804 <hr/> City Niles State OH Zip Code 44446 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Timothy J. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 17	Transaction ID: 18360083 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Georgians For Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Johnny Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	Transaction ID: 18360143 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee</p> <p>Mailing Address P.O. Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360147 Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Wolverine PAC</p> <p>Mailing Address 607 - 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Wolverine PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360150 Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Prairie PAC</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Prairie PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360153 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Contribution</p>

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address 607 Fourteenth Street N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name PAC to the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360154 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2010 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Leadership of Today & Tomorrow</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18360157 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18362391 Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Diana DeGette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 01

Transaction ID: 18362393
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement
Contribution

Candidate Name
Ms. Karen Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 33

Transaction ID: 18362397
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Bill Posey

Mailing Address P. O. Box 360877

City State Zip Code
Melbourne FL 32936

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bill Posey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 15

Transaction ID: 18362399
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Denny Heck For Congress <hr/> Mailing Address 2921 Cloverfield Drive Se <hr/> City Olympia State WA Zip Code 98501 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Dennis Heck <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18362624 Date of Disbursement 06 / 25 / 2010
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee <hr/> Mailing Address 425 Second Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18362626 Date of Disbursement 06 / 29 / 2010
	Amount of Each Disbursement this Period 15000.00
	2010 Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Opportunity & Renewal Act (OR) PAC <hr/> Mailing Address 2236 SE 10th Avenue <hr/> City Portland State OR Zip Code 97214 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Opportunity & Renewal Act (OR) PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18362629 Date of Disbursement 06 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00
	2010 Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

22500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18362630 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0	
		Amount of Each Disbursement this Period 2500.00	Contribution
B.	Full Name (Last, First, Middle Initial) Collins For Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement 2014 Contribution Candidate Name Sen. Susan M. Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18362632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	2014 Contribution
C.	Full Name (Last, First, Middle Initial) Jim Himes For Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18362642 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	Contribution

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Michaud For Congress	Transaction ID: 18362648 Date of Disbursement 06 / 29 / 2010
	Mailing Address 213 Lisbon St	Amount of Each Disbursement this Period 1000.00
	City Lewiston State ME Zip Code 04240	
	Purpose of Disbursement Contribution Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 18362649 Date of Disbursement 06 / 29 / 2010
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement Contribution Candidate Name Mr. Michael Castle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Coffman For Congress	Transaction ID: 18362669 Date of Disbursement 06 / 29 / 2010
	Mailing Address 9249 South Broadway #200-501	Amount of Each Disbursement this Period 1000.00
	City Highlands Ranch State CO Zip Code 80129	
	Purpose of Disbursement Contribution Candidate Name Rep. Mike Coffman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 18362670 Date of Disbursement 06 / 29 / 2010
	Mailing Address 21301 Powerline Road, Suite 204	Amount of Each Disbursement this Period 1500.00
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 18362673 Date of Disbursement 06 / 29 / 2010
	Mailing Address 21301 Powerline Road, Suite 204	Amount of Each Disbursement this Period 1000.00
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Glenn Nye	Transaction ID: 18362674 Date of Disbursement 06 / 30 / 2010
	Mailing Address PO Box 68444	Amount of Each Disbursement this Period 1000.00
	City Virginia Beach State VA Zip Code 23471	
	Purpose of Disbursement Contribution Candidate Name Rep. Glenn C. Nye, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Silver State 21st Century PAC Mailing Address 3069 Conquista Ct City Las Vegas State NV Zip Code 89121 Purpose of Disbursement 2010 Contribution Candidate Name Silver State 21st Century PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 18427854 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00 2010 Contribution
B.	Full Name (Last, First, Middle Initial) Scott Brown For U.S. Senate Committee Mailing Address P.O. Box 395 City Wrentham State MA Zip Code 02093 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Scott Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	Transaction ID: 18427922 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 2012 Contribution
C.	Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City Seattle State WA Zip Code 98133 Purpose of Disbursement Contribution Candidate Name Rep. Jay Inslee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 01	Transaction ID: 18427926 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 110 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement
Contribution Redesignation of Contribution Reported on 5/25/2010

011
Category/
Type

Candidate Name
Rep. Christopher H. Smith

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 04

Transaction ID: 18431697
Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]
Contribution Redesignation of Contribution Reported on 5/25/2010

B. Full Name (Last, First, Middle Initial)
Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement
Contribution Redesignation to 2010 General

011
Category/
Type

Candidate Name
Rep. Christopher H. Smith

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 04

Transaction ID: 18431698
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]
Contribution Redesignation to 2010 General

C. Full Name (Last, First, Middle Initial)
Matheson For Congress

Mailing Address P O Box 521048 Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement
Contribution Redesignation of Contribution Reported on 4/20/2010

011
Category/
Type

Candidate Name
Rep. James D. Matheson

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: UT District: 02

Transaction ID: 18431736
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

3500.00

[MEMO ITEM]
Contribution Redesignation of Contribution Reported on 4/20/2010

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Matheson For Congress

Transaction ID: 18431737

Date of Disbursement

Mailing Address P O Box 521048
Suite A

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

City State Zip Code
Salt Lake City UT 84152

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement
Contribution Redesignation to 2010 General

011
Category/
Type

Candidate Name
Rep. James D. Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: UT District: 02

[MEMO ITEM]

Contribution Redesignation
to 2010 General

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

113000.31

**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 112 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18427739 Date of Disbursement 06 / 01 / 2010
	Amount of Each Disbursement this Period 4.95 Merchant Fees

B. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18427747 Date of Disbursement 06 / 07 / 2010
	Amount of Each Disbursement this Period 50.38 Merchant Fees

C. Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18427748 Date of Disbursement 06 / 03 / 2010
	Amount of Each Disbursement this Period 87.40 Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶	142.73
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 113

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Paymentech <hr/> Mailing Address 14221 Dallas Parkway Building Two <hr/> City Dallas State TX Zip Code 75254 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18427750 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2010
	Amount of Each Disbursement this Period 88.87 <hr/> Merchant Fees
B. Full Name (Last, First, Middle Initial) Citibank, F.S.B. <hr/> Mailing Address 1400 G Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18427751 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2010
	Amount of Each Disbursement this Period 71.33 <hr/> Bank Fee

SUBTOTAL of Disbursements This Page (optional) ►

160.20

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

302.93