

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00106146

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

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

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 2012

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton [Electronically Filed] Date 03 / 20 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		3059823.23
(b) Cash on Hand at Beginning of Reporting Period.....	3091591.77	
(c) Total Receipts (from Line 19)	191256.01	250784.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3282847.78	3310607.74
7. Total Disbursements (from Line 31).....	112941.18	140701.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3169906.60	3169906.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47625.00	51312.50
(ii) Unitemized	10481.75	15846.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	58106.75	67159.05
(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)	58106.75	67159.05
12. Transfers From Affiliated/Other Party Committees.....	131400.00	181615.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	249.26	510.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	191256.01	250784.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	191256.01	250784.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	241.18	501.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	241.18	501.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	112700.00	140200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	112941.18	140701.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112941.18	140701.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	58106.75	67159.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58106.75	67159.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	241.18	501.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	241.18	501.14

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

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

FOR LINE NUMBER: PAGE 6 OF 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3861 St. Andrew's Loop

City Salem State OR Zip Code 97302-9498

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

Name of Employer Salem Hospital Occupation Chairperson

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19729982

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms. Joyce Reid

Mailing Address 1675 Terrell Mill Rd

City Marietta State GA Zip Code 30067-8339

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

Name of Employer Georgia Hospital Association Occupation Health and Accountability Specialist,

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19729996

Amount of Each Receipt this Period
500.00

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

Mailing Address 190 East Bannock Street

City Boise State ID Zip Code 83712-6241

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

Name of Employer St. Luke's Regional Medical Center Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 19730000

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Chris Bosse
Full Name (Last, First, Middle Initial)

Mailing Address 77 Pringle Way

City Reno State NV Zip Code 89502-1474

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

Name of Employer Renown Health Occupation Vice President Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 08 / 2012
Transaction ID : 19730001

Amount of Each Receipt this Period 500.00

B. Dr. Linda Burnes Bolton
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 48750

City Los Angeles State CA Zip Code 90048-0750

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

Name of Employer Cedars-Sinai Medical Center Occupation Vice President & Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2012
Transaction ID : 19730002

Amount of Each Receipt this Period 1000.00

C. Ms. Mary Kinneman
Full Name (Last, First, Middle Initial)

Mailing Address 1781 Huntingdon Place

City Lansdale State PA Zip Code 19446-5427

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

Name of Employer IMA Consulting Occupation Senior Consulting Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2012
Transaction ID : 19730003

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Etta S. Fielek
Full Name (Last, First, Middle Initial)

Mailing Address 110 4th St., SE

City Washington State DC Zip Code 20003-1012

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Outreach

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2012
Transaction ID : 19730790

Amount of Each Receipt this Period 1000.00

B. Ms. Donna D Poduska
Full Name (Last, First, Middle Initial)

Mailing Address 2430 Merino Court

City Fort Collins State CO Zip Code 80526-1431

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

Name of Employer Poudre Valley Hospital Occupation Director of Resource Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 19730791

Amount of Each Receipt this Period 350.00

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

Mailing Address 5713 N 115th Circle

City Omaha State NE Zip Code 68164-1466

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 19730813

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Joan Shinkus Clark MSN, RN, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Royal Dominion Ct
 City Arlington State TX Zip Code 76006-4836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Health Resources Occupation System Chief Nurse Executive & SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2012
Transaction ID : 19730829
 Amount of Each Receipt this Period
 500.00

B. Ms. Laura Caramanica RN, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address S. Virginia Lane
 City Unionville State CT Zip Code 06085-1140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westchester Medical Center Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2012
Transaction ID : 19730833
 Amount of Each Receipt this Period
 500.00

C. Mr. Alex Valdez
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2107
 City Santa Fe State NM Zip Code 87504-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christus St. Vincent Regional Medical Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19730982
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Hoyt Skabelund
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1688

City Clovis State NM Zip Code 88102-1688

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

Name of Employer Plains Regional Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2012
Transaction ID : 19730984

Amount of Each Receipt this Period 250.00

B. Ms. Mary C Tonges
Full Name (Last, First, Middle Initial)

Mailing Address 2605 University Dr

City Durham State NC Zip Code 27707-2861

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

Name of Employer University of North Carolina Hospitals Occupation Senior Vice President and CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 13 / 2012
Transaction ID : 19730985

Amount of Each Receipt this Period 350.00

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

Mailing Address 9050 Airline Highway

City Baton Rouge State LA Zip Code 70815-4103

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

Name of Employer Woman's Hospital Occupation Senior Vice President, Medical Staff S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 14 / 2012
Transaction ID : 19732235

Amount of Each Receipt this Period 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: (check only one)	PAGE 11 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Cheryl L. Hoying Ph.D., RN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Ashland Avenue
 City Dayton State OH Zip Code 45420-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati Children's Hospital Medical Occupation Senior Vice President, Patient Care Se
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2012
Transaction ID : 19732236
 Amount of Each Receipt this Period 1000.00

B. Mr. Stephen A Purves
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Sw 1St Ave
 City Ocala State FL Zip Code 34471-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Munroe Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2012
Transaction ID : 19738969
 Amount of Each Receipt this Period 1000.00

C. Ms. Linda S Quick
 Full Name (Last, First, Middle Initial)
 Mailing Address 6030 Hollywood Boulevard, Suite 14
 City Hollywood State FL Zip Code 33024-7923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Florida Hospital and Healthcare Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 23 / 2012
Transaction ID : 19738979
 Amount of Each Receipt this Period 350.00

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: (check only one)	PAGE 12 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Christopher M Dadlez
Full Name (Last, First, Middle Initial)

Mailing Address 114 Woodland Street

City Hartford State CT Zip Code 06105-1208

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

Name of Employer Saint Francis Care, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2012
Transaction ID : 19738993

Amount of Each Receipt this Period
 1000.00

B. Mr. Rod Barton
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Hiland Avenue

City Burley State ID Zip Code 83318-2682

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

Name of Employer Cassia Regional Medical Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2012
Transaction ID : 19739023

Amount of Each Receipt this Period
 250.00

C. Dr. Ronald A. Paulus
Full Name (Last, First, Middle Initial)

Mailing Address 509 Biltmore Avenue

City Asheville State NC Zip Code 28801-4601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2012
Transaction ID : 19739070

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 61
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Edward J Benz Jr
Full Name (Last, First, Middle Initial)
Mailing Address 44 Binney Street

City Boston	State MA	Zip Code 02115-6013
----------------	-------------	------------------------

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

Name of Employer Dana-Farber Cancer Institute	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : 19740145

Amount of Each Receipt this Period
375.00

B. Ms. Ellen Zane
Full Name (Last, First, Middle Initial)
Mailing Address 70 Lazell Street

City Hingham	State MA	Zip Code 02043-4404
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : 19740146

Amount of Each Receipt this Period
1125.00

C. Ms. Shelly Dunham
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 489

City Okeene	State OK	Zip Code 73763-0489
----------------	-------------	------------------------

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

Name of Employer Okeene Municipal Hospital	Occupation Chief Executive Officer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : 19740171

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 14 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 407

City Wagoner State OK Zip Code 74477-0407

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

Name of Employer Wagoner Community Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2012
Transaction ID : 19740176

Amount of Each Receipt this Period 250.00

B. Mr. Jerry G Moeller
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2408

City Stillwater State OK Zip Code 74076-2408

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2012
Transaction ID : 19740178

Amount of Each Receipt this Period 500.00

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

Mailing Address 2220 West Iowa Avenue

City Chickasha State OK Zip Code 73018-2700

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

Name of Employer Grady Memorial Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2012
Transaction ID : 19740179

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 12451 East 100th Street North

City	State	Zip Code
Owasso	OK	74055-4600

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

Name of Employer	Occupation
St. John Owasso	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
02	/	15	/	2012

Transaction ID : 19740518

Amount of Each Receipt this Period
250.00

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

Mailing Address 3500 East Frank Phillips Boulevard

City	State	Zip Code
Bartlesville	OK	74006-2411

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

Name of Employer	Occupation
Jane Phillips Medical Center	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
02	/	15	/	2012

Transaction ID : 19740519

Amount of Each Receipt this Period
250.00

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

Mailing Address One North Franklin, Suite 1700

City	State	Zip Code
Chicago	IL	60606-3424

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

Name of Employer	Occupation
American College of Healthcare Executi	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
02	/	26	/	2012

Transaction ID : 19740586

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: (check only one)	PAGE 16 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Kathy A. Bizarro FACHE		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 Transaction ID : 19741299
Mailing Address 544 Upper Straw Rd		Amount of Each Receipt this Period 500.00
City Hopkinton	State NH	Zip Code 03229-2023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Hampshire Hospital Association	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Bruce King		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 Transaction ID : 19742268
Mailing Address 273 County Road		Amount of Each Receipt this Period 500.00
City New London	State NH	Zip Code 03257-5736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New London 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	

Full Name (Last, First, Middle Initial) C. Mr. Michael R. Dunaway		Date of Receipt MM / DD / YYYY 02 / 17 / 2012 Transaction ID : 19742269
Mailing Address 15081 Linden Drive		Amount of Each Receipt this Period 350.00
City Leawood	State KS	Zip Code 66224-3412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Kansas City Metropolitan Healthcare Co	Occupation Senior VP, Field Operations	
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).....▶	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 17 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Theresa J. Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 2644 Jennifer Drive

City Jefferson City State MO Zip Code 65101-3997

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

Name of Employer Missouri Hospital Association Occupation Senior Vice President, Data & Informat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : 19742270

Amount of Each Receipt this Period
350.00

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

Mailing Address 500 Interstate Boulevard South Suite 105

City Nashville State TN Zip Code 37210-4634

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

Name of Employer Tennessee Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : 19742272

Amount of Each Receipt this Period
1000.00

C. Mr. Scott Bowman
Full Name (Last, First, Middle Initial)

Mailing Address 304 Wright Street

City Sweetwater State TN Zip Code 37874-2897

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

Name of Employer Sweetwater Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : 19742273

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael Clark
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court, Suite 200

City Brentwood State TN Zip Code 37027-5079

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

Name of Employer LifePoint Hospitals, Inc. Occupation President-American Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19742274

Amount of Each Receipt this Period
 250.00

B. Mr. Wesley Littrell
Full Name (Last, First, Middle Initial)

Mailing Address 102 Woodmont Blvd., Suite 700

City Nashville State TN Zip Code 37205-2221

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

Name of Employer Saint Thomas Hospital Occupation CEO-STHS Affiliates & CSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19742275

Amount of Each Receipt this Period
 1000.00

C. Dr. Charles Wright Pinson
Full Name (Last, First, Middle Initial)

Mailing Address 1211 22nd Avenue South

City Nashville State TN Zip Code 37232-0004

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

Name of Employer Vanderbilt Healthcare Occupation Deputy Vice Chancellor for Health Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19742276

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: (check only one)	PAGE 19 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Dennis A Wolford
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 378
 City Lafayette State TN Zip Code 37083-0378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Macon County General Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19742277
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19742279
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19742299
 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: (check only one)	PAGE 20 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19742300
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19742303
 Amount of Each Receipt this Period
 250.00

C. Ms. Kimber L Wraalstad FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 5th Avenue West
 City Grand Marais State MN Zip Code 55604-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cook County North Shore Hospital Occupation Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19742347
 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 21 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Gerald Stoeckigt		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : 19743083
Mailing Address One North Franklin		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Director of Advertising, Health Forum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Jerry E Jurena		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 Transaction ID : 19743513
Mailing Address 1622 East Interstate Avenue, Suite		Amount of Each Receipt this Period 350.00
City Bismarck	State ND	Zip Code 58503-0512
FEC ID number of contributing federal political committee. C		
Name of Employer North Dakota Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. Mike Rock		Date of Receipt MM / DD / YYYY 02 / 24 / 2012 Transaction ID : 19743514
Mailing Address 325 Seventh Street NW Suite 700		Amount of Each Receipt this Period 350.00
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 Sr. Associate Director	
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).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Patricia R. Goldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Farm Haven Court
 City Rockville State MD Zip Code 20852-4231
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2012
Transaction ID : 19743515
 Amount of Each Receipt this Period
 500.00

B. Mr. Thomas E Wilhelmsen Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2014
 City Nashua State NH Zip Code 03061-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern New Hampshire Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19743525
 Amount of Each Receipt this Period
 350.00

C. Ms. Elaine Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 13000 Bruce B. Downs Boulevard
 City Tampa State FL Zip Code 33612-4745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James A. Haley Veterans Hospital Occupation ACNS/Quality Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : 19743527
 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 23 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Dennis A Swan
Full Name (Last, First, Middle Initial)
Mailing Address 1215 East Michigan Avenue

City Lansing	State MI	Zip Code 48912-1811
-----------------	-------------	------------------------

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

Name of Employer Sparrow Health System	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2012

Transaction ID : 19743529

Amount of Each Receipt this Period
350.00

B. Mr. Jeff Dye
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 92200

City Albuquerque	State NM	Zip Code 87199-2200
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2012

Transaction ID : 19743555

Amount of Each Receipt this Period
500.00

C. Mr. Bo Beames
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 1009

City Socorro	State NM	Zip Code 87801-1009
-----------------	-------------	------------------------

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

Name of Employer Socorro General Hospital	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2012

Transaction ID : 19743556

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 24 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James R Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7 Rockbrook Road

City Augusta State GA Zip Code 30909-3760

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

Name of Employer University Health Care System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : 19743642

Amount of Each Receipt this Period
 500.00

B. Mr. Dennis Kiley
Full Name (Last, First, Middle Initial)

Mailing Address 5214 Amberton Pass

City Powder Springs State GA Zip Code 30127-6978

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

Name of Employer Emory-Adventist Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : 19743647

Amount of Each Receipt this Period
 250.00

C. Mr. Lamar Lyle
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 44

City Dalton State GA Zip Code 30722-0044

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

Name of Employer Hamilton Medical Center Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : 19743674

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Vi B. Naylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Hunting Creek Drive
 City Marietta State GA Zip Code 30068-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : 19743675
 Amount of Each Receipt this Period
 500.00

B. Mr. Earl Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 Clarendon Drive
 City Marietta State GA Zip Code 30068-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Senior VP, Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : 19743677
 Amount of Each Receipt this Period
 500.00

C. Mr. Ben Underwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Murren Drive
 City Smyrna State GA Zip Code 30080-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Talbott Recovery Campus Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : 19743678
 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 26 OF 61
(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. Mr. Craig W Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 Lincoln Boulevard
 City Oklahoma City State OK Zip Code 73105-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012
Transaction ID : 19743702
 Amount of Each Receipt this Period
 900.00

B. Mr. Bruce Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 3366 NW Expressway, Suite 800
 City Oklahoma City State OK Zip Code 73112-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTEGRIS Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012
Transaction ID : 19743703
 Amount of Each Receipt this Period
 500.00

C. Dr. Gary W Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 South Main Street
 City Shattuck State OK Zip Code 73858-9205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newman Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012
Transaction ID : 19743705
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Charles E Skillings		Date of Receipt
Mailing Address 1102 West MacArthur Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Shawnee OK 74804-1744		Transaction ID : 19743706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer Unity Health Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. David D Whitaker		Date of Receipt
Mailing Address P O Box 1308		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Norman OK 73070-1308		Transaction ID : 19743712
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer Norman Regional 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 ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Clark Ballard		Date of Receipt
Mailing Address 1601 Willoughby Road		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Mason MI 48854-9435		Transaction ID : 19743751
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="525.00"/>
Name of Employer Michigan Health & Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="525.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 26462 Glenwood Dr.

City State Zip Code
Novi MI 48374-1233

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

Name of Employer Occupation
St. Joseph Mercy Hospital President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2012
Transaction ID : 19743752

Amount of Each Receipt this Period
700.00

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

Mailing Address One Parklane Boulevard, Suite 1000

City State Zip Code
Dearborn MI 48126-4241

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

Name of Employer Occupation
Oakwood Healthcare, Inc. President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2012
Transaction ID : 19743753

Amount of Each Receipt this Period
350.00

C. Mr. Thomas D DeFauw
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Pine Grove Avenue

City State Zip Code
Port Huron MI 48060-3511

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

Name of Employer Occupation
Blue Water Health Services Corporation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2012
Transaction ID : 19743754

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David S. Finkbeiner
Full Name (Last, First, Middle Initial)

Mailing Address 85 Damon Road

City Haslett State MI Zip Code 48840-9747

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

Name of Employer Michigan Health & Hospital Association Occupation Senior Vice President, Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19743755

Amount of Each Receipt this Period
 700.00

B. Mr. William Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Lake Shore Drive

City Charlevoix State MI Zip Code 49720-1931

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

Name of Employer Charlevoix Area Hospital Occupation 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 Y
 02 / 21 / 2012

Transaction ID : 19743881

Amount of Each Receipt this Period
 350.00

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

Mailing Address 2066 Riverwood Drive

City Okemos State MI Zip Code 48864-2814

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

Name of Employer Michigan Health & Hospital Association Occupation 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 Y
 02 / 21 / 2012

Transaction ID : 19743883

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul E. LaCasse , DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 Commerce Road
 City West Bloomfield State MI Zip Code 48324-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Botsford Hospital Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19743884
 Amount of Each Receipt this Period 350.00

B. Ms. Marilyn Litka-Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16930 Pine Hollow Drive
 City East Lansing State MI Zip Code 48823-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Sr. Director, Health Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19743886
 Amount of Each Receipt this Period 350.00

C. Mr. Spencer Maidlow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1447 North Harrison Street
 City Saginaw State MI Zip Code 48602-4727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Covenant Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19743887
 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 31 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Gene F Michalski
Full Name (Last, First, Middle Initial)

Mailing Address 3711 West 13 Mile Road

City State Zip Code
Royal Oak MI 48073-6767

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

Name of Employer Occupation
Beaumont Health System Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012
Transaction ID : 19744390

Amount of Each Receipt this Period
350.00

B. Mr. A Gary Muller
Full Name (Last, First, Middle Initial)

Mailing Address 101 S Front St Ste 105

City State Zip Code
Marquette MI 49855-4641

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

Name of Employer Occupation
Marquette General Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012
Transaction ID : 19744391

Amount of Each Receipt this Period
350.00

c. Mr. Lynn C Orfgen
Full Name (Last, First, Middle Initial)

Mailing Address 1101 West University Drive

City State Zip Code
Rochester MI 48307-1863

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

Name of Employer Occupation
Crittenton Hospital Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2012
Transaction ID : 19744393

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 32 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Brian Peters
Full Name (Last, First, Middle Initial)
Mailing Address 3051 Crofton Dr.
City Dewitt State MI Zip Code 48820-7770
FEC ID number of contributing federal political committee. **C**
Name of Employer Michigan Health & Hospital Association Occupation Senior Corporate Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19744394
Amount of Each Receipt this Period 525.00

B. Mr. Richard M Reynolds
Full Name (Last, First, Middle Initial)
Mailing Address 4005 Orchard Drive
City Midland State MI Zip Code 48670-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer MidMichigan Health Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19744747
Amount of Each Receipt this Period 350.00

C. Mr. Peter J. Schonfeld
Full Name (Last, First, Middle Initial)
Mailing Address 7105 Cutler Road
City Bath State MI Zip Code 48808-9439
FEC ID number of contributing federal political committee. **C**
Name of Employer Michigan Health & Hospital Association Occupation Sr. Vice President, Policy & Data Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19744748
Amount of Each Receipt this Period 525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1500 East Medical Center Drive

City Ann Arbor State MI Zip Code 48109-5000

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

Name of Employer University of Michigan Hospitals and H Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19744749

Amount of Each Receipt this Period
 350.00

B. Mr. Matthew Van Vranken
Full Name (Last, First, Middle Initial)

Mailing Address 100 Michigan Street NE

City Grand Rapids State MI Zip Code 49503-2560

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

Name of Employer Spectrum Health Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19744750

Amount of Each Receipt this Period
 350.00

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

Mailing Address 155 East Broad Street

City Columbus State OH Zip Code 43215-3609

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

Name of Employer Ohio Hospital Association Occupation Director, Policy and Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19748222

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 34 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Fred M DeGrandis
Full Name (Last, First, Middle Initial)

Mailing Address 18101 Lorain Avenue

City Cleveland State OH Zip Code 44111-5612

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

Name of Employer Cleveland Clinic Health System Occupation Chair, Community Physician Partnership

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19749731

Amount of Each Receipt this Period 1000.00

B. Mr. James R Castle
Full Name (Last, First, Middle Initial)

Mailing Address 155 East Broad Street

City Columbus State OH Zip Code 43215-3609

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19749732

Amount of Each Receipt this Period 1000.00

C. Mr. R. Reed Fraley
Full Name (Last, First, Middle Initial)

Mailing Address 257 Clouse Lane

City Granville State OH Zip Code 43023-1428

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

Name of Employer Ohio Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19749733

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 61
(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

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

Mailing Address 3338 Parkhill Drive

City Cincinnati State OH Zip Code 45248-2878

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

Name of Employer Good Samaritan Hospital Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19749736

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mr. Will Groneman

Mailing Address 4953 Muirwoods Ct.

City Blue Ash State OH Zip Code 45242-7456

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

Name of Employer Good Samaritan Hospital Occupation Executive VP/ System

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19750857

Amount of Each Receipt this Period
 250.00

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

Mailing Address 619 Oak Street

City Cincinnati State OH Zip Code 45206-1613

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

Name of Employer TriHealth Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : 19750866

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 36 OF 61
	<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	<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. Mr. Samuel H Turner Sr
Full Name (Last, First, Middle Initial)

Mailing Address Box 2923

City Shawnee Mission State KS Zip Code 66201-1323

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

Name of Employer Shawnee Mission Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2012
Transaction ID : 19754790

Amount of Each Receipt this Period 250.00

B. Mr. Neil Eicher
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

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

Name of Employer New Jersey Hospital Association Occupation Deputy Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 17 / 2012
Transaction ID : 19768897

Amount of Each Receipt this Period 750.00

C. Mr. Sean J. Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

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

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 17 / 2012
Transaction ID : 19768899

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 61
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth A. Ryan

Mailing Address 4 Brookside Drive

City Bordentown State NJ Zip Code 08505-4439

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

Name of Employer New Jersey Hospital Association Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2012

Transaction ID : 19768913

Amount of Each Receipt this Period
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	47625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 61
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 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 ▼
20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : 19740141

Amount of Each Receipt this Period
 20000.00

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

Mailing Address 1215 K Street Suite 800

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : 19740148

Amount of Each Receipt this Period
 50000.00

Full Name (Last, First, Middle Initial)
C. North Carolina Hospital Assoc. HOSPAC - Federal

Mailing Address Post Office Box 4449

City Cary State NC Zip Code 27519-4449

FEC ID number of contributing federal political committee. **C** C00194647

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012
Transaction ID : 19742407

Amount of Each Receipt this Period
 60400.00

SUBTOTAL of Receipts This Page (optional).....▶	130400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 61
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1215.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2012

Transaction ID : 19743509

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	131400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : 19779901

Amount of Each Receipt this Period
249.26

Interest Earned

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	249.26
TOTAL This Period (last page this line number only).....▶	249.26

**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 41 OF 61
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Nelson 2012

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

FEC ID number of contributing federal political committee. **C** C00432401

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012

Transaction ID : 19741300

Amount of Each Receipt this Period
1500.00

Refund of 8/11 Contribution

B.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2012

Transaction ID : 19770525

Amount of Each Disbursement this Period

91.80

Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

91.80

91.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State Zip Code
State College PA 16804

Purpose of Disbursement
Void of 10/2011 Check

Category/
Type

Candidate Name
Rep. Glenn W. Thompson

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 05

Date of Disbursement
MM / DD / YYYY
02 / 01 / 2012

Transaction ID : 19714035
Amount of Each Disbursement this Period

Void of 10/2011 Check

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
Void of 04/2011 Check

Category/
Type

Candidate Name
Rep. Erik P. Paulsen

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MN District: 03

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2012

Transaction ID : 19725045
Amount of Each Disbursement this Period

Void of 04/2011 Check

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City State Zip Code
Roanoke VA 24002

Purpose of Disbursement
Void of 05/2011 Check

Category/
Type

Candidate Name
Rep. Robert W. Goodlatte

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VA District: 06

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2012

Transaction ID : 19725046
Amount of Each Disbursement this Period

Void of 05/2011 Check

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="-4500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nadler For Congress

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
Void of 05/2011 Check

011

Candidate Name

Rep. Jerrold L. Nadler

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2012

Transaction ID : 19725047

Amount of Each Disbursement this Period

-1000.00

Void of 05/2011 Check

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Void of 07/2011 Check

011

Candidate Name

Sen. Mark Robert Warner

Category/
Type

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2012

Transaction ID : 19725048

Amount of Each Disbursement this Period

-500.00

Void of 07/2011 Check

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : 19729602

Amount of Each Disbursement this Period

15000.00

2012 Contribution

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

13500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Doris Matsui

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730943

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2012 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730944

Amount of Each Disbursement this Period

15000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730947

Amount of Each Disbursement this Period

15000.00

2012 Contribution

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

35000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Eric I. Cantor

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730948

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Senate

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President
State: ME District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730949

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730950

Amount of Each Disbursement this Period

2500.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Andre Carson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19730951

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement
2012 Contribution

011
Category/
Type

Candidate Name

Citizens for Prosperity in America

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19730953

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement
2014 Contribution

011
Category/
Type

Candidate Name

Sen. Saxby Chambliss

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19730957

Amount of Each Disbursement this Period

2014 Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Joe Manchin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730960

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Lisa Murkowski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730961

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Sen. Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2012

Transaction ID : 19730964

Amount of Each Disbursement this Period

2000.00

2014 Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nutmeg PAC

Mailing Address 777 Summer Street

City State Zip Code
Stamford CT 06903

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19730970

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Contribution

Candidate Name

Sen. Benjamin Cardin

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19730971

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Contribution

Candidate Name

Sen. Benjamin Cardin

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19730972

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Rep. Steven C. LaTourette

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : 19733048

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pat Roberts for Senate

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
2014 Contribution

011
Category/ Type

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : 19733049

Amount of Each Disbursement this Period

2000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. McCollum For Congress

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Rep. Betty McCollum

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : 19733059

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sam Farr for Congress

Mailing Address 1010 S Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sam Farr

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734805

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. CAMPAC: Continuing a Majority Party Action Cmte

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 Contribution

011

Candidate Name

CAMPAC: Continuing a Majority Party Action Cmte

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734810

Amount of Each Disbursement this Period

5000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2012 Contribution

011

Candidate Name

ROSKAM PAC-Republican Operation to Secure and Keep a Majority

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734813

Amount of Each Disbursement this Period

3000.00

2012 Contribution

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 919 Congress Ave.
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 Contribution

011
Category/
Type

Candidate Name
Alamo PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19734826

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2012 Contribution

011
Category/
Type

Candidate Name
Freedom Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19734827

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Michaud For Congress

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Michael H. Michaud

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19734828

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McKinley For Congress

Mailing Address 32 20th Street

City Wheeling State WV Zip Code 26003

Purpose of Disbursement
Contribution

Candidate Name

Rep. David McKinley

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734829

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kurt Schrader

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734830

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends For Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McDermott

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734833

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Benjamin Chandler

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 19734838

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Sen. Jerry Moran

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 19734839

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

2016 Contribution

Full Name (Last, First, Middle Initial)

C. Johans For Senate Incorporated

Mailing Address 5555 South Street

City Lincoln State NE Zip Code 68506

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Sen. Mike Johans

Category/
Type

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 19734853

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

2014 Contribution

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McCaskill For Missouri

Mailing Address PO Box 6771

City St Louis State MO Zip Code 63144

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Claire McCaskill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734854

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Mr. Mark Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734855

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Lone Star Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734856

Amount of Each Disbursement this Period

1000.00

2012 Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John A. Barrasso MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : 19734857

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bachus For Congress Committee

Mailing Address P.O. Box 131134

City Birmingham State AL Zip Code 35213

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Spencer Thomas Bachus III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772158

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Follow the North Star Fund

Mailing Address 316 E Hennepin Ave
Suite 201

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Follow the North Star Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772161

Amount of Each Disbursement this Period

2500.00

2012 Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2012 Contribution

011

Candidate Name
Heartland Values PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772163

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

B. 21st Century Majority Fund

Mailing Address 6065 Roswell Road
Box 2274

City State Zip Code
Atlanta GA 30328

Purpose of Disbursement
2012 Contribution

011

Candidate Name
21st Century Majority Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772165

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Clay Jr. For Congress

Mailing Address P.O. Box 4544

City State Zip Code
St. Louis MO 63108

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. William Lacy Clay Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772166

Amount of Each Disbursement this Period

500.00

Contribution

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Coble For Congress

Mailing Address PO Box 17295

City Raleigh State NC Zip Code 27619

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Paul Coble

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2012

Transaction ID : 19772169

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. We the People PAC

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement
2012 Contribution

011

Candidate Name

We the People PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772177

Amount of Each Disbursement this Period

2500.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. McHenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2012

Transaction ID : 19772178

Amount of Each Disbursement this Period

3000.00

Contribution

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

10500.00

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Danny K. Davis

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772179

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dold For Congress

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Robert Dold

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772181

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

C. Whitehouse For Senate

Mailing Address P.O. Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Sheldon Whitehouse

Office Sought: House
 Senate
 President
State: RI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772183

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3200.00

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Fortney Peter Stark

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772184

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 700 Thirteenth Street, NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Searchlight Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : 19772187

Amount of Each Disbursement this Period

2500.00

2012 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dennis Ross

Mailing Address PO Box 7310

City State Zip Code
Lakeland FL 33807

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Dennis Ross

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2012

Transaction ID : 19772191

Amount of Each Disbursement this Period

1000.00

Contribution

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

5500.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Norm Dicks For Congress Committee

Mailing Address PO Box 1663

City Tacoma State WA Zip Code 98401

Purpose of Disbursement
Void of 10/2011 Check

011

Category/
Type

Candidate Name
Rep. Norman D. Dicks

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : 19780807

Amount of Each Disbursement this Period

-1000.00

Void of 10/2011 Check

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-1000.00

112700.00