

**FEC
FORM 3X**

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

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00106146
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) 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 09 01 2010 through 09 30 2010

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 Electronically Filed by Ms. Melinda Hatton Date 10 15 2010

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

Office Use Only									FEC FORM 3X (Rev. 12/2004)
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2190847.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2140117.39									
(c) Total Receipts (from Line 19)	112772.35	1246773.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2252889.74	3437620.63								
7. Total Disbursements (from Line 31)	279055.72	1463786.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1973834.02	1973834.02								
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:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	63923.88	507427.36
(ii) Unitemized	33560.79	228172.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	97484.67	735599.81
(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)	97484.67	735599.81
12. Transfers From Affiliated/Other Party Committees	12100.00	478832.61
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	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3000.00	15750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	187.68	1953.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	112772.35	1246773.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	112772.35	1246773.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	180.72	12038.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	180.72	12038.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	278500.00	1199375.31
24. Independent Expenditure (use Schedule E)	0.00	251455.54
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	375.00	725.00
(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))	375.00	725.00
29. Other Disbursements.....	0.00	192.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	279055.72	1463786.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	279055.72	1463786.61

DETAILED SUMMARY PAGE
of Disbursements

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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)	97484.67	735599.81
34. Total Contribution Refunds (from Line 28(d))	375.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97109.67	734874.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	180.72	12038.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	180.72	-2599.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Upton For All Of Us		Date of Receipt
	Mailing Address P.O. Box 490		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	St. Joseph	MI	49085
	FEC ID number of contributing federal political committee.		<input type="text" value="C00200584"/>
Name of Employer		Occupation	Transaction ID: 18564737
Receipt For: 2010		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="3000.00"/>	<input type="text" value="3000.00"/>
<input type="checkbox"/> Other (specify) ▼			Refund of 7/10 TRUST PAC contribution, misdeposited into Upton account

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3000.00"/>

**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 7 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Larry W Veitz	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 3333 Eagle Ridge Rd	Transaction ID: 18566109
	City State Zip Code Spearfish SD 57783-1505	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Spearfish Regional Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 6180 Lower Mountain Road	Transaction ID: 18570646
	City State Zip Code New Hope PA 18938	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.36	

C.	Full Name (Last, First, Middle Initial) Ms. Beth Berry	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 500 Interstate Boulevard South	Transaction ID: 18572854
	City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tennessee Hospital Association Occupation Sr. Vice President, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	755.00
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 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Chris Clarke	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 500 Interstate Blvd. South	Transaction ID: 18572855
	City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Tennessee Hospital Association Occupation: Senior Vice President, Center for Pati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Linda Crawford	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 142 West 5th Street	Transaction ID: 18572856
	City State Zip Code Cookeville TN 38501-1760	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Cookeville Regional Medical Center Occupation: Assistant Administrator, Nursing Servi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 500 Interstate Boulevard South	Transaction ID: 18572857
	City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Tennessee Hospital Association Occupation: Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Gregory M. Duckett	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 350 North Humphreys Boulevard	Transaction ID: 18572858
	City State Zip Code Memphis TN 38120-2177	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baptist Memorial Health Care Corporati Occupation: Senior Vice President/ Corporate Couns Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. James L. Goodloe	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 500 Interstate Blvd. South	Transaction ID: 18572859
	City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Tennessee Hospital Associ-ation Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Susan Heath	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 2201 Childrens Way	Transaction ID: 18572865
	City State Zip Code Nashville TN 37212-3164	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Vanderbilt Stallworth Reh-abilitation H Occupation: Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer Occupation
Tennessee Hospital Association Executive Vice President & COO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572866

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 900 E. Oak Hill Ave

City State Zip Code
Knoxville TN 37917-4505

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

Name of Employer Occupation
Mercy Health Partners Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572867

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bill Jolley

Mailing Address 500 Interstate Blvd., South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer Occupation
Tennessee Hospital Association Vice-President-Rural Health Issues

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572868

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 11 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Bernard L Mattingly

Mailing Address 1 Medical Center Boulevard

City State Zip Code
Cookeville TN 38501-4294

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

Name of Employer Occupation
Cookeville Regional Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572869

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 1224 Trotwood Avenue

City State Zip Code
Columbia TN 38401-4802

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

Name of Employer Occupation
Maury Regional Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572870

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 100 North Crest Drive

City State Zip Code
Springfield TN 37172-3927

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572887

Amount of Each Receipt this Period

1000.00

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 12 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Darlene Swart

Mailing Address 500 Interstate Blvd. S

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer Tennessee Hospital Association
Occupation Vice President and Project Director

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572888

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Jill Talbert

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer Tennessee Hospital Association
Occupation Director of Advocacy and Grassroots

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572889

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Leticia Towns

Mailing Address 877 Jefferson Avenue

City State Zip Code
Memphis TN 38103-2807

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

Name of Employer Regional Medical Center at Memphis
Occupation VP, Government Relations & Public Policy

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572890

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Mary Layne Van Cleave

Mailing Address 1208 Brookview Drive

City State Zip Code
Brentwood TN 37027-8424

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

Name of Employer Tennessee Hospital Association
Occupation Executive VP & COO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572891

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mr Rick Wagers

Mailing Address 877 Jefferson Avenue

City State Zip Code
Memphis TN 38103-2807

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

Name of Employer Regional Medical Center at Memphis
Occupation Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: 18572892

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Shelly Dunham

Mailing Address P O Box 489

City State Zip Code
Okeene OK 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 ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: 18572925

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

1521.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 13123 E. 16th Avenue

City Aurora State CO Zip Code 80045-7106

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

Name of Employer Children's Hospital, The Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2010

Transaction ID: 18575170

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Carmelo J Mocerì

Mailing Address 1400 East Boulder Street

City Colorado Springs State CO Zip Code 80909-5533

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

Name of Employer Memorial Health System Occupation Chief Strategy Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2010

Transaction ID: 18575501

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary Campbell

Mailing Address 188 Inverness Drive West #500

City Englewood State CO Zip Code 80112-5204

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

Name of Employer Centura Health Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2010

Transaction ID: 18575503

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 15 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Pamela A. Nicholson	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 5570 DTC Parkway	Transaction ID: 18575504
	City State Zip Code Greenwood Village CO 80111-3043	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Centura Health	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael McBride	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 2635 N. 7th St.	Transaction ID: 18575578
	City State Zip Code Grand Junction CO 81501-8209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Mary's Hospital and Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Sean T. Barden	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 11422 Bluff's Ridge	Transaction ID: 18578709
	City State Zip Code Spotsylvania VA 22551-8915	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mary Washington Healthcare	Occupation Executive VP & CFO	
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)	1100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sharon M. Bass, Jr.

Mailing Address 2619 Blue Heron Circle

City State Zip Code
Roanoke VA 24018-5133

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

Name of Employer Occupation
Carilion Clinic Vice President Imaging & Pharmacy

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18578710

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Mr J Michael Burris

Mailing Address 1105 River Oaks Lane

City State Zip Code
Charlottesville VA 22901-0637

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

Name of Employer Occupation
Martha Jefferson Hospital Vice President/Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18578775

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Patrick L. Christiansen

Mailing Address 8377 Pedigree Ct

City State Zip Code
Gainesville VA 20155-3240

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

Name of Employer Occupation
Inova Health System Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18578782

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address PO Box 7567

City State Zip Code
Fredericksburg VA 22404-7567

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

Name of Employer Occupation
Mary Washington Healthcare Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18578861

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Marie Fredrick

Mailing Address 11104 Trinity Lane

City State Zip Code
Fredericksburg VA 22407-3712

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

Name of Employer Occupation
Mary Washington Healthcare Administrative Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18578862

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Shirley Holland

Mailing Address 161 Lila Lane

City State Zip Code
Boones Mill VA 24065-3749

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

Name of Employer Occupation
Carilion Clinic Vice President/Strategic Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18578892

Amount of Each Receipt this Period
350.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 7911 Madison Plantation Way

City State Zip Code
Fredericksburg VA 22407-8751

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

Name of Employer Occupation
Mary Washington Healthcare Senior Vice President/ Chief Nursing O

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18578928

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr Richard Magenheimer

Mailing Address 10704 Ellies Court

City State Zip Code
Fairfax Station VA 22039-1876

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

Name of Employer Occupation
Inova Health System Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18578945

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Thomas Ryan, , M.D.

Mailing Address 7 Steeplechase Road

City State Zip Code
Fredericksburg VA 22405-3313

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

Name of Employer Occupation
Mary Washington Healthcare Vice President/ Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18578968

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Adrian Stanton

Mailing Address 5013 Fleming Drive

City Annandale State VA Zip Code 22003-4110

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

Name of Employer Virginia Hospital Center - Arlington Occupation Vice President/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2010
Transaction ID: 18578971
 Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. R Patrick Stewart

Mailing Address 5 Oak Crest Ct

City Fredericksburg State VA Zip Code 22405-2440

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

Name of Employer Mary Washington Healthcare Occupation Senior Vice President/CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2010
Transaction ID: 18578972
 Amount of Each Receipt this Period 350.00

C.

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

Mailing Address 809 Pendleton Drive

City Salem State VA Zip Code 24153-2648

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

Name of Employer Carilion Clinic Occupation SVP for Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2010
Transaction ID: 18578973
 Amount of Each Receipt this Period 350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Judith C Waterston, , MS

Mailing Address 150 York Street

City Stoughton State MA Zip Code 02072-1829

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

Name of Employer: New England Sinai Hospital and Rehabil
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 07 / 2010
Transaction ID: 18579247
Amount of Each Receipt this Period: 350.00

B.

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

Mailing Address 800 Boylston Street, Suite 1150

City Boston State MA Zip Code 02199-8123

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

Name of Employer: Partners HealthCare System, Inc.
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: 18579251
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert G Norton, , CHE

Mailing Address 81 Highland Avenue

City Salem State MA Zip Code 01970-2768

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

Name of Employer: North Shore Medical Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: 18579253
Amount of Each Receipt this Period: 350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr David E Storto

Mailing Address 357 Caterina Hts.

City State Zip Code
Concord MA 01742-4750

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

Name of Employer
Spaulding Rehabilitation Hospital

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: 18579254

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Aubut

Mailing Address 55 Fogg Road

City State Zip Code
South Weymouth MA 02190-2432

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

Name of Employer
South Shore Hospital

Occupation
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
09 / 14 / 2010

Transaction ID: 18579256

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gary Lapidus

Mailing Address 33 Christine St.

City State Zip Code
Worcester MA 01606-2306

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

Name of Employer
UMass Memorial Health Care, Inc.

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: 18579258

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 5 Otis Street

City State Zip Code
Needham MA 02492-3403

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

Name of Employer Occupation
Brigham and Women's Hospital Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: 18579259

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Maureen A Bryant

Mailing Address 26 Usher Terrace

City State Zip Code
Bristol RI 02809-1709

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

Name of Employer Occupation
Morton Hospital and Medical Center President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18579268

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

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

Name of Employer Occupation
New Hampshire Hospital Association President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: 18579281

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **783.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kathy A. Bizarro, FACHE

Mailing Address 544 Upper Straw Rd

City State Zip Code
Hopkinton NH 03229-2023

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

Name of Employer: New Hampshire Hospital Association
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 10 / 2010
Transaction ID: 18579298
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Arthur W Nichols

Mailing Address 580 Court Street

City State Zip Code
Keene NH 03431-1718

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

Name of Employer: Cheshire Medical Center
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 10 / 2010
Transaction ID: 18579299
Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Mr. David W Tower, FACHE

Mailing Address P O Box 912

City State Zip Code
Wolfeboro NH 03894-0912

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

Name of Employer: Huggins Hospital
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 15 / 2010
Transaction ID: 18579307
Amount of Each Receipt this Period: 350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 80 Highland Street

City State Zip Code
Laconia NH 03246-3235

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

Name of Employer Occupation
LRGhealthcare Director, Contracting & Corp. Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: 18579313

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Martha Enriquez

Mailing Address 1501 North Campbell Avenue

City State Zip Code
Tucson AZ 85724-0001

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

Name of Employer Occupation
University Medical Center Vice President & Chief Nursing 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
09 / 15 / 2010

Transaction ID: 18579318

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

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

Name of Employer Occupation
New Hampshire Hospital Association President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: 18579337

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **1083.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address Post Office Box 100

City State Zip Code
New Britain CT 06050-4000

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

Name of Employer Occupation
Central Connecticut Health Alliance VP Payer Relations/ Gov Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 18579407

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Steven D Hanks

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

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

Name of Employer Occupation
New Britain General Hospital Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 18579408

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Clarence J Silvia

Mailing Address 81 Meriden Avenue

City State Zip Code
Southington CT 06489-3268

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

Name of Employer Occupation
Bradley Memorial President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: 18579409

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas J Gryzbek
 Mailing Address 1335 Capri Lane
 City State Zip Code
 Dyer IN 46311-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Margaret Mercy Healthcare Center President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 09 / 2010
Transaction ID: 18579815
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin D Leahy
 Mailing Address 51015 Shamrock Hills Court
 City State Zip Code
 Granger IN 46530-7830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sisters of St. Francis Health Services President and Chief Executive Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 09 / 2010
Transaction ID: 18579823
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. James J. Myers
 Mailing Address 2626 Windermere Woods Drive
 City State Zip Code
 Bloomington IN 47401-5451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bloomington Hospital CFO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 09 / 2010
Transaction ID: 18579833
 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: PAGE 27 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Linda E White

Mailing Address 5505 Timberlake Court

City State Zip Code
Evansville IN 47710-4134

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

Name of Employer Occupation
Deaconess Health System Hospital System President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2010

Transaction ID: 18579849

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Al J. Wleklinski

Mailing Address 802 E 9th St

City State Zip Code
Auburn IN 46706-2428

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

Name of Employer Occupation
DeKalb Memorial Hospital Dir. Support Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2010

Transaction ID: 18579851

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven G Littleton, , FACHE

Mailing Address 55 Fair Haven Road

City State Zip Code
Fair Haven NJ 07704-3305

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

Name of Employer Occupation
Meridian Health 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
09 / 24 / 2010

Transaction ID: 18579998

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 144
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.78

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 18579999

Amount of Each Receipt this Period

20.42

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia R Recupero, , JD, M.D.

Mailing Address 345 Blackstone Boulevard

City State Zip Code
Providence RI 02906-4800

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

Name of Employer Occupation
Butler Hospital 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
09 / 28 / 2010

Transaction ID: 18580003

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Fred Hipp, Jr.

Mailing Address 1011 Deacon Road

City State Zip Code
Hainesport NJ 08036-3610

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

Name of Employer Occupation
Virtua Health Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: 18580016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

770.42

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

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

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

FOR LINE NUMBER: PAGE 29 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938

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 ▼
253.36

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 18580017

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard P Miller

Mailing Address 122 Bainbridge Street

City State Zip Code
Philadelphia PA 19147-2402

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

Name of Employer
Virtua Health

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 18580028

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Ostaszewski, MS, CRRN,

Mailing Address 54 Bay Way

City State Zip Code
Brick NJ 08723-7361

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

Name of Employer
HEALTHSOUTH Rehabilitation Hospital of

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 18580032

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1255.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 7800 South Eagle Road

City State Zip Code
Columbia MO 65203-9017

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

Name of Employer Missouri Hospital Association
Occupation Senior VP, Commc. & Health Improvement

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.65

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18580616

Amount of Each Receipt this Period

48.13

B.

Full Name (Last, First, Middle Initial)
Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code
Jefferson City MO 65109-9782

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

Name of Employer Missouri Hospital Association
Occupation Sr. Vice President, Governmental Relations

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 312.50

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18580624

Amount of Each Receipt this Period

62.50

C.

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

Mailing Address 5119 Coventry Way

City State Zip Code
Jefferson City MO 65101-8284

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

Name of Employer Missouri Hospital Association
Occupation Senior Vice President & CFO

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.65

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 18580628

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional)

158.76

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 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 2906 Valley View Terrace	Transaction ID: 18580630
	City State Zip Code Jefferson City MO 65109-1069	Amount of Each Receipt this Period 48.13
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Hospital Association Occupation Senior Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.65	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas H Rockers	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 153 Gay Avenue	Transaction ID: 18580644
	City State Zip Code Clayton MO 63105-3665	Amount of Each Receipt this Period 176.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Anthony's Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 376.00	

C.	Full Name (Last, First, Middle Initial) Ms. Crystal Martin	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 4501 Orchard Trail Court	Transaction ID: 18580676
	City State Zip Code Orchard Lake MI 48324-3040	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Harper University Hospital/Hutzel Women Occupation Assistant VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	449.13
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1000 South Columbia Road

City State Zip Code
Grand Forks ND 58201-4032

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

Name of Employer Occupation
Altru Health System Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: 18580694

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. M Kenneth Posey, , FACHE

Mailing Address P O Box 527

City State Zip Code
Bay Springs MS 39422-0527

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

Name of Employer Occupation
Jasper General Hospital Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18581845

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard G Hilton

Mailing Address Drawer 1506

City State Zip Code
Starkville MS 39760-1506

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

Name of Employer Occupation
OCH Regional Medical Center Associate Administrator and Chief Financial Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18581846

Amount of Each Receipt this Period

100.00

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 33 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron		Date of Receipt
	Mailing Address 28 Waterford Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 07 / 2010
	City	State	Zip Code
	Jackson	MS	39211-2945
	FEC ID number of contributing federal political committee.		Transaction ID: 18581848
		Amount of Each Receipt this Period	
		<input type="text"/> 87.50	
Name of Employer Mississippi Hospital Association		Occupation President & 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"/> 960.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas G Bartlett, III, M.D.		Date of Receipt
	Mailing Address 25117 Highway 15		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 07 / 2010
	City	State	Zip Code
	Union	MS	39365-9088
	FEC ID number of contributing federal political committee.		Transaction ID: 18581849
		Amount of Each Receipt this Period	
		<input type="text"/> 275.00	
Name of Employer Laird Hospital		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 280.00	

C.	Full Name (Last, First, Middle Initial) Ms Patty Crowley		Date of Receipt
	Mailing Address Five New England Executive Park		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2010
	City	State	Zip Code
	Burlington	MA	01803-5010
	FEC ID number of contributing federal political committee.		Transaction ID: 18615481
		Amount of Each Receipt this Period	
		<input type="text"/> 350.00	
Name of Employer Massachusetts Hospital Association		Occupation Vice President, Governance & Member R	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 712.50
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 34 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Gary L Gottlieb, , M.D.
 Mailing Address 800 Boylston Street, Ste 1150
 City State Zip Code
 Boston MA 02199-8123
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 1 0
Transaction ID: 18615488
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners HealthCare System, Inc.
 Occupation President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark R Tolosky, , FACHE, J
 Mailing Address 759 Chestnut Street
 City State Zip Code
 Springfield MA 01199-1001
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 1 0
Transaction ID: 18616521
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Medical Center
 Occupation President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Edward H Moore
 Mailing Address 100 South Street
 City State Zip Code
 Southbridge MA 01550-4051
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 1 0
Transaction ID: 18616539
 Amount of Each Receipt this Period
 350.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harrington Memorial Hospital
 Occupation President and Chief Executive Officer
 Receipt For:
 Primary General
 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: PAGE 35 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Kevin Smith

Mailing Address 41 Highland Avenue

City Winchester State MA Zip Code 01890-1496

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

Name of Employer Winchester Hospital Occupation Vice President Finance & Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 28 / 2010
Transaction ID: 18616541
Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Iseke

Mailing Address P O Box 189

City Lawrence State MA Zip Code 01842-0389

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

Name of Employer Winchester Hospital Occupation Vice President, Medical Affairs & CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2010
Transaction ID: 18616546
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kathy Schuler

Mailing Address 1 Alpine Circle

City Wakefield State MA Zip Code 01880-1544

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

Name of Employer Winchester Hospital Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2010
Transaction ID: 18616548
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Howard E Rohleder

Mailing Address 1995 East State Street

City State Zip Code
Salem OH 44460-0121

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

Name of Employer Occupation
Salem Community Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18617724

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Raymond M Chorey

Mailing Address P O Box 610

City State Zip Code
Cambridge OH 43725-0610

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

Name of Employer Occupation
Southeastern Ohio Regional Medical Cen President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18617726

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Victoria Gluckman

Mailing Address 3 Grandin Ln

City State Zip Code
Cincinnati OH 45208-3358

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

Name of Employer Occupation
Christ Hospital Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18617727

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: PAGE 37 / 144
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. James Akers

Mailing Address 430 Thorn Hill Lane

City State Zip Code
Middletown OH 45042-3664

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

Name of Employer Occupation
Atrium Medical Center Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18617729

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 250 Southview Road

City State Zip Code
Dayton OH 45419-3326

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

Name of Employer Occupation
Miami Valley Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18617730

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 40 West Fourth Street

City State Zip Code
Dayton OH 45402-1840

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

Name of Employer Occupation
Premier Health Partners President and Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18617734

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 375 Dixmyth Avenue

City State Zip Code
Cincinnati OH 45220-2475

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

Name of Employer Occupation
Good Samaritan Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18620140

Amount of Each Receipt this Period
175.00

B.

Full Name (Last, First, Middle Initial)
Ms. Andrea Nenzel

Mailing Address 14432 SE Eastgate Way

City State Zip Code
Bellevue WA 98007-6493

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

Name of Employer Occupation
PeaceHealth Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621044

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621045

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis A Popp

Mailing Address P O Box 218

City State Zip Code
Enumclaw WA 98022-0218

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

Name of Employer Occupation
Enumclaw Regional Hospital Administrator and Chief Executive Offi

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18621046

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory C Reed, , FACHE

Mailing Address 2000 Hospital Drive

City State Zip Code
Sedro Woolley WA 98284-4327

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

Name of Employer Occupation
United General Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18621047

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott W Bosch

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4270

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2010

Transaction ID: 18621048

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Diane Cecchettini, RN, MS

Mailing Address 12709 54th Avenue, NW

City State Zip Code
Gig Harbor WA 98332-8853

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

Name of Employer Occupation
MultiCare Health System 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
09 / 07 / 2010

Transaction ID: 18621050

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 506 Second Avenue
Suite 1200

City State Zip Code
Seattle WA 98104-2343

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

Name of Employer Occupation
Providence Health & Services Vice President & 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
09 / 07 / 2010

Transaction ID: 18621051

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Rodney F Hochman, M.D.

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

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

Name of Employer Occupation
Swedish Health Services 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
09 / 07 / 2010

Transaction ID: 18621052

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Calvin K Knight

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4307

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

Name of Employer Swedish Health Services Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621053

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard W Linneweh, Jr.

Mailing Address 2811 Tieton Drive

City State Zip Code
Yakima WA 98902-3799

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

Name of Employer Yakima Valley Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621054

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sarah Patterson

Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Virginia Mason Medical Center Occupation Executive VP/Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621055

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Gary V Peck

Mailing Address P O Box 197

City State Zip Code
Chewelah WA 99109-0197

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

Name of Employer Providence St. Joseph's Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621056

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2901 Squalicum Parkway

City State Zip Code
Bellingham WA 98225-1851

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

Name of Employer St. Joseph Hospital
Occupation Chief Executive Officer and Chief Miss

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621057

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1175 SW 296th Street

City State Zip Code
Federal Way WA 98023-8251

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

Name of Employer Franciscan Health System
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 18621058

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 144
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Mr. Roger E Green

Mailing Address 559 Capitol Boulevard, 6-South

City State Zip Code
Saint Paul MN 55103-0000

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

Name of Employer HealthEast Care System Occupation Vice President Strategy, Policy and Co

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 18621084

Amount of Each Receipt this Period
20.83

B.

Full Name (Last, First, Middle Initial)
Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: 18621085

Amount of Each Receipt this Period
225.00

C.

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

Mailing Address 505 S Linden Ave

City State Zip Code
Pittsburgh PA 15208-2846

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

Name of Employer Valley Health System Occupation Chief Operating Officer/ Valley Physic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: 18621305

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **595.83**

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 44 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sally Nan Barber

Mailing Address P O Box 800809

City State Zip Code
Charlottesville VA 22908-0809

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

Name of Employer University of Virginia Medical Center
Occupation Special Advisor for Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18621321

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Edward Caldwell

Mailing Address 6642 Sugar Ridge Drive SW

City State Zip Code
Roanoke VA 24018-7632

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

Name of Employer Carilion Clinic
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18621324

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Wayne A. Diewald

Mailing Address 12187 Chacery Station Cir

City State Zip Code
Reston VA 20190-5802

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

Name of Employer Inova Health System
Occupation Vice President AMBCare & Growth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18621325

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 4417 Corporation Lane

City State Zip Code
Virginia Beach VA 23462-3162

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

Name of Employer Occupation
Sentara Healthcare President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18621326

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ray Gandee

Mailing Address 3271 Allendale St SW

City State Zip Code
Roanoke VA 24014-3120

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

Name of Employer Occupation
Carilion Clinic Chair & Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18621339

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Connie Garnett

Mailing Address 1505 Powhatan Ct

City State Zip Code
Norfolk VA 23508-1021

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

Name of Employer Occupation
Sentara Healthcare Vice President of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18621340

Amount of Each Receipt this Period
350.00

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

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

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

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

FOR LINE NUMBER: PAGE 46 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Steve Julian

Mailing Address 506 Founders Pointe Trail

City State Zip Code
Carrollton VA 23314-2740

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

Name of Employer Occupation
Sentara Obici Hospital Vice President Medical Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: 18621342

Amount of Each Receipt this Period
350.00

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

Mailing Address 207 Springhill Circle

City State Zip Code
Bedford VA 24523-5458

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

Name of Employer Occupation
Bedford Memorial Hospital President & 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
09 / 16 / 2010

Transaction ID: 18621343

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. David Maizel

Mailing Address 1281 Hebden Cove

City State Zip Code
Virginia Bch VA 23452-4607

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

Name of Employer Occupation
Sentara Healthcare Vice President, Medical Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: 18621351

Amount of Each Receipt this Period
350.00

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Xavier Richardson

Mailing Address 8121 Lee Jackson Circle

City State Zip Code
Spotsylvania VA 22553-3819

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

Name of Employer Occupation
Medicorp Health System Vice President Corporate Development

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: 18621353

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth Savage-Tracy

Mailing Address 361 Dyckman Street

City State Zip Code
Peekskill NY 10566-4631

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

Name of Employer Occupation
Bon Secours Charity Health System Sr. Vice President, Human Resources

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: 18621355

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Briggs W Andrews

Mailing Address P O Box 13367

City State Zip Code
Roanoke VA 24033-3367

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

Name of Employer Occupation
Carilion Clinic Senior Vice President Legal Services

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 18621921

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Wynn Dixon, Jr.
Mailing Address P.O. Box 2028

City State Zip Code
Chesapeake VA 23327-2028

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

Name of Employer Chesapeake General Hospital
Occupation Vice President Quality & Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18621934
Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeff Goldsmith
Mailing Address 3377 Lonesome Mountain Rd

City State Zip Code
Charlottesville VA 22911-6012

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

Name of Employer Bon Secours-Richmond Community Hospital
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18621948
Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. Dougal Hewitt
Mailing Address 8260 Atlee Road

City State Zip Code
Mechanicsville VA 23116-1844

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

Name of Employer Memorial Regional Medical Center
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 18621949
Amount of Each Receipt this Period
200.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Kay Hix

Mailing Address 2784 Lakeview Road

City State Zip Code
Troutville VA 24175-2750

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

Name of Employer Occupation
Carilion Clinic Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 18621950

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dena Kent

Mailing Address 193 Robinson Drive

City State Zip Code
Winchester VA 22602-2340

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

Name of Employer Occupation
Winchester Medical Center Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 18621957

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Gail D. Russell

Mailing Address 11531 Gunner Court

City State Zip Code
Woodbridge VA 22192-5745

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

Name of Employer Occupation
Sentara Potomac Hospital Vice President Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: 18621969

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. James D Krauss

Mailing Address 235 Cantrell Avenue

City Harrisonburg State VA Zip Code 22801-3293

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 24 / 2010

Transaction ID: 18621987

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Albert Counselman

Mailing Address 12313 Michaelsford Road

City Cockeysville State MD Zip Code 21030-2248

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

Name of Employer Saint Agnes Hospital Occupation Board Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 20 / 2010

Transaction ID: 18622044

Amount of Each Receipt this Period 255.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jim Reiter

Mailing Address 580 Wayward Court

City Annapolis State MD Zip Code 21401-6746

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

Name of Employer Maryland Hospital Association Occupation Senior Vice President Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 20 / 2010

Transaction ID: 18622136

Amount of Each Receipt this Period 255.00

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P.O. Box 8207

City State Zip Code
Elkridge MD 21075-8207

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

Name of Employer Maryland Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: 18622138

Amount of Each Receipt this Period
510.00

B. Full Name (Last, First, Middle Initial)
Mr. James V. Ferando

Mailing Address P O Box 25489

City State Zip Code
Phoenix AZ 85002-5489

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

Name of Employer Northern Colorado Long Term Acute Hosp
Occupation President Western Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 18622214

Amount of Each Receipt this Period
250.00

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

Mailing Address 106 Blanca Avenue

City State Zip Code
Alamosa CO 81101-2393

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

Name of Employer San Luis Valley Regional Medical Cente
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
0	9	/	1	7	/	2	0	1	0

Transaction ID: 18622304

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1260.00**

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 52 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms Stephanie Doughty		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 1024 South Lemay Avenue		Transaction ID: 18622305		
	City Fort Collins	State CO	Zip Code 80524-3998	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Poudre Valley Health System	Occupation Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Mr Randy Haffner		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 2525 South Downing Street		Transaction ID: 18622312		
	City Denver	State CO	Zip Code 80210-5817	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Porter Adventist Hospital	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mr. John Sackett		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 100 Health Park Drive		Transaction ID: 18622328		
	City Louisville	State CO	Zip Code 80027-9583	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Avista Adventist Hospital	Occupation Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Larry McEvoy

Mailing Address 1400 East Boulder Street

City State Zip Code
Colorado Springs CO 80909-5533

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

Name of Employer Occupation
Memorial Health System CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 18624457

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 400 West 16th Street

City State Zip Code
Pueblo CO 81003-2781

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

Name of Employer Occupation
Parkview Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 18624460

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Dana Moore

Mailing Address 5111 DTC Parkway

City State Zip Code
Greenwood Village CO 80111-2601

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

Name of Employer Occupation
Centura Health Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: 18624569

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: PAGE 54 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Hoyt J Burdick, M.D.

Mailing Address 251 High Drive

City State Zip Code
Huntington WV 25705-3527

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

Name of Employer Occupation
Cabell Huntington Hospital Vice President Medical Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: 18624579

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Glenn Crotty, Jr., M.D.

Mailing Address 36E Coventry Road

City State Zip Code
South Charleston WV 25309

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

Name of Employer Occupation
Charleston Area Medical Center Executive VP & COO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: 18624580

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address RR 1 Box 180

City State Zip Code
Beverly WV 26253-9753

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: 18624581

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Dr. Joseph Endrich, M.D.		Date of Receipt
	Mailing Address 362 Hudson Hill Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2010
	City	State	Zip Code
	Weirton	WV	26062-5582
	FEC ID number of contributing federal political committee.		Transaction ID: 18624582
Name of Employer Weirton Medical Center		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Tony J. Gregory		Date of Receipt
	Mailing Address 1158 Creekstone Ridge		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2010
	City	State	Zip Code
	South Charleston	WV	25309
	FEC ID number of contributing federal political committee.		Transaction ID: 18624589
Name of Employer West Virginia Hospital Association		Occupation VP Legislative Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr Larry C Hudson		Date of Receipt
	Mailing Address 5035 Bennington Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2010
	City	State	Zip Code
	Cross Lanes	WV	25313-2055
	FEC ID number of contributing federal political committee.		Transaction ID: 18624591
Name of Employer Charleston Area Medical Center		Occupation Executive VP & CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 56 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1503 Greenmont Hills Drive

City State Zip Code
Vienna WV 26105-3282

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

Name of Employer: Camden-Clark Memorial Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: 18624758
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Brent A Marsteller

Mailing Address 2010 Military Road

City State Zip Code
Huntington WV 25701-5339

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

Name of Employer: Cabell Huntington Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: 18624760
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Timothy M. Parnell

Mailing Address 1412 North 4th Street

City State Zip Code
Ironton OH 45638-1151

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

Name of Employer: St. Mary's Medical Center
Occupation: VP Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: 18624764
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 57 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. David J Robertson

Mailing Address 2052 Iron Bridge Circle

City State Zip Code
Morgantown WV 26508-8064

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

Name of Employer Monongalia General Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 18624919

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Vera Rose, M.D.

Mailing Address 25 Kensington Lane

City State Zip Code
Huntington WV 25705-3866

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

Name of Employer St. Mary's Medical Center
Occupation Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 18624920

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 124 Brady Drive

City State Zip Code
Barboursville WV 25504-2220

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

Name of Employer St. Mary's Medical Center
Occupation Foundation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 18624921

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Angie Swearingen
Mailing Address 2 Riverwalk Drive
City Ona State WV Zip Code 25545-9587
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Mary's Medical Center Occupation VP Finance / CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 21 / 2010
Transaction ID: 18624925
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Glen A. Washington
Mailing Address 14267 St. Rt. 243
City Chesapeake State OH Zip Code 45619
FEC ID number of contributing federal political committee. **C**
Name of Employer Cabell Huntington Hospital Occupation Senior VP & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 21 / 2010
Transaction ID: 18624927
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr Robert D Whitler
Mailing Address 5 Evergreen Drive
City Elkview State WV Zip Code 25071-9314
FEC ID number of contributing federal political committee. **C**
Name of Employer Charleston Area Medical Center Occupation Vice President Government and Community
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 21 / 2010
Transaction ID: 18624928
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 12840 Sycamore

City Palos Heights State IL Zip Code 60463-1939

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

Name of Employer Advocate South Suburban Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2010
Transaction ID: 18624937
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 30 W 061 Kensington Drive

City Warrenville State IL Zip Code 60555

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

Name of Employer Advocate Good Samaritan Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2010
Transaction ID: 18624939
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City Oak Park State IL Zip Code 60302-2189

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

Name of Employer Illinois Hospital Association
Occupation Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 24 / 2010
Transaction ID: 18624941
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Charles Derus	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 2025 Windsor Drive	Transaction ID: 18624942
	City State Zip Code Oak Brook IL 60523-1586	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advocate Health Care Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 3333 North Seminary Street	Transaction ID: 18624947
	City State Zip Code Galesburg IL 61401-1299	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer OSF St. Mary Medical Center Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Karen A Lambert	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 450 West Highway 22	Transaction ID: 18624948
	City State Zip Code Barrington IL 60010-1919	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advocate Good Shepherd Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 61 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City State Zip Code
Naperville IL 60565-6351

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

Name of Employer Advocate Health Care Occupation Vice President, Finance

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	1	0

Transaction ID: 18624950

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Scott Powder

Mailing Address 1775 Dempster

City State Zip Code
Park Ridge IL 60068-1143

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

Name of Employer Advocate Lutheran General Hospital Occupation SVP, Strategic Planning & Growth

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	1	0

Transaction ID: 18624951

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Lee Sacks

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

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

Name of Employer Advocate Health Care Occupation Executive Vice President and Chief Med

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	1	0

Transaction ID: 18624952

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 62 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. James E Ross, , FACHE

Mailing Address 100 Brown Street

City State Zip Code
Chestertown MD 21620-1435

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

Name of Employer Occupation
Chester River Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 18624954

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Donald J Babb

Mailing Address 951 Oak Terrace

City State Zip Code
Bolivar MO 65613-3011

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

Name of Employer Occupation
Citizens Memorial Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 18624969

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Mr. Charles H Whitfield, , Jr.

Mailing Address 1420 Tusculum Boulevard

City State Zip Code
Greeneville TN 37745-5825

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: 18678802

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$125.00 This changes the YTD Total to \$875.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 607

City State Zip Code
Laurel MS 39441-0607

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

Name of Employer South Central Regional Medical Center
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	1	0

Transaction ID: 18678803

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$250.00 This changes
the YTD Total to \$67-
5.00

B. Full Name (Last, First, Middle Initial)
Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code
Alexandria VA 22301-1216

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

Name of Employer American Hospital Association-Washingt
Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR1034595124183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR1045726224183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

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

Name of Employer American Hospital Association-Washingt Occupation
VP Research Programs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
647.02

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010
Transaction ID: PR1057462124183

Amount of Each Receipt this Period
117.64

P/R Deduction (\$58.82 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation
Senior Associate Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
266.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010
Transaction ID: PR1082532724183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation
Section Director, Constituency Section

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
266.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010
Transaction ID: PR1113464224183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

173.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Chief Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.38

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1118928224183

Amount of Each Receipt this Period
41.16

P/R Deduction (\$20.58 Bi-Weekly)

B.

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Director of Professional Practice, AON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1260472924183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

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

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2802

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

Name of Employer American Hospital Association-Washingt
Occupation Associate Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.56

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1332167424183

Amount of Each Receipt this Period
31.82

P/R Deduction (\$15.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **100.98**

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 66 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR1347703424183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR1347703624183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Susan Gergely

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Director of Operations, AONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: PR1347791024183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **108.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR1384065324183
City Washington	State Zip Code DC 20004-2802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Federal Relations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.

Full Name (Last, First, Middle Initial) Ms. Sharon Allen		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
Mailing Address 155 North Wacker Drive		Transaction ID: PR1474886224183
City Chicago	State Zip Code IL 60606-1709	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer American Hospital Association-Chicago	Occupation Membership and Marketing Manager ASHHR	P/R Deduction (\$17.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C.

Full Name (Last, First, Middle Initial) Mr. Mark Colucci		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
Mailing Address 1061 N Penny Ln		Transaction ID: PR1475133724183
City Palatine	State Zip Code IL 60067-1821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation National Director Sponsorship and Unde	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	115.00
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 68 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Executive Director - ASHHRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1492459924183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City State Zip Code
Largo MD 20774-1210

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

Name of Employer American Hospital Association-Washingt
Occupation Political Affairs Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1516850624183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Elisa Arespachaga

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Director, Constituency Secti

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1555656224183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 96.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 144
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2802

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

Name of Employer American Hospital Association-Washingt Occupation Asst. Director Advocacy & Member Commu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1555656524183

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Kathy Poole

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1589439924183

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.05

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1625368324183

Amount of Each Receipt this Period 33.34

P/R Deduction (\$16.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 89.34

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 70 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Kelly Redmond	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1625588824183
	City State Zip Code Chicago IL 60606-1709	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Stephen Hines	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 155 North Wacker Drive	Transaction ID: PR1648726624183
	City State Zip Code Chicago IL 60606-1709	Amount of Each Receipt this Period 33.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.05	P/R Deduction (\$16.67 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1671258624183
	City State Zip Code Washington DC 20004-2801	Amount of Each Receipt this Period 90.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 727.20	P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	152.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 144
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr Robert P David

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 727.20

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1677512424183

Amount of Each Receipt this Period
90.90

P/R Deduction (\$45.45 Bi-Weekly)

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR327629124183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City State Zip Code
Rockville MD 20852-3249

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

Name of Employer American Hospital Association-Washingt
Occupation Director, Grassroots Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR327745924183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **250.90**

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

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

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

FOR LINE NUMBER: PAGE 72 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
Park Ridge IL 60068-3227

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

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR327771624183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR327777224183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
Oak Park IL 60304-2132

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

Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR327777824183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 148.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 144
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

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

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR327801724183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Chief Executive Officer, AONE & Sr. Vi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR327812024183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

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

Name of Employer American Hospital Association-Washingt Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR327831724183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address One North Franklin Street	Transaction ID: PR327846224183
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2401 Calvert Street, NW Apt. 1008	Transaction ID: PR327851924183
	City State Zip Code Washington DC 20008-2614	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858024183
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR327877824183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address 130 North Garland Court #3002

City State Zip Code
Chicago IL 60602-4750

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR327895724183
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Director Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR327906124183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 198.00

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 76 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Director Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

Transaction ID: PR327918924183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

Transaction ID: PR328132824183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 204 7th Ave

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

Transaction ID: PR328136924183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **188.00**

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 77 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Executive Director, SHSMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR328174924183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City State Zip Code
Chicago IL 60640-1318

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR328223824183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR328241424183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 148.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

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

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR328260924183
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR328341824183
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR328511824183
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1501 N. Harrison Street	Transaction ID: PR328512024183
	City State Zip Code Arlington VA 22205-2726	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Mr. George Arges	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address One North Franklin St.	Transaction ID: PR328641124183
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Senior Director, Health Data Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address One North Franklin Ave.	Transaction ID: PR328913324183
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation President & CEO, AHA Solutions, Inc. &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 80 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR329013424183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. John R. Combes

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR329071324183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR329084424183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR329215724183
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR329342624183
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City State Zip Code
Chicago IL 60626-3861

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR329654224183
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 136.00

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 82 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR330343324183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR330411624183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR330465224183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 108.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 144
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR330475424183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR330534324183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR330547724183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City State Zip Code
Lake Forest IL 60045-1715

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR330549224183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City State Zip Code
Chicago IL 60634-3232

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

Name of Employer American Hospital Association-Chicago
Occupation Executive Director, Associate Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR331098324183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

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

Name of Employer American Hospital Association-Washingt
Occupation Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR331278824183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 148.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.97

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2010

Transaction ID: PR331304224183

Amount of Each Receipt this Period 106.66

P/R Deduction (\$53.33 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2010

Transaction ID: PR331379124183

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2010

Transaction ID: PR331386924183

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 162.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City State Zip Code
Austin TX 78761-5587

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

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive for TX

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1140.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR331416024183

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Woodin Dale

Mailing Address 800 W. Central Road

City State Zip Code
Arlington Heights IL 60005-2349

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR331481324183

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code
Falls Church VA 22046-2613

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR331533224183

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

228.00

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 87 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, PMG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR346168124183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Vice President Executive Branch Relati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR517619724183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR518031924183

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR560101524183
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

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

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR566280924183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

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

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR766023724183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 108.00

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 89 / 144
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR801366324183
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director Policy	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

B.

Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR876637224183
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Legislative Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.

Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 10702 Benning Way		Transaction ID: PR928186524183
City Spotsylvania	State VA	Zip Code 22551-4670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.82
Name of Employer American Hospital Association-Washingt	Occupation Director Communication Strategies	P/R Deduction (\$15.91 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.56	

SUBTOTAL of Receipts This Page (optional)	▶	99.82
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 90 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR936292324183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

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

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Executive Director Quality Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR939603924183

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	56.00
TOTAL This Period (last page this line number only)	▶	63923.88

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

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

FOR LINE NUMBER: PAGE 91 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Texas Hospital Association HOSPAC - Federal
Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 64800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 1 / 2 0 1 0
Transaction ID: 18572712
 Amount of Each Receipt this Period 3000.00

B. Full Name (Last, First, Middle Initial)
Montana Hospital Association PAC - Federal Fund
Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119

FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 4 / 2 0 1 0
Transaction ID: 18579412
 Amount of Each Receipt this Period 8600.00

C. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC
Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7332.61

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 1 0
Transaction ID: 18580612
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 12100.00

TOTAL This Period (last page this line number only) ► 12100.00

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

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

FOR LINE NUMBER: PAGE 92 / 144
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1953.49

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2010

Transaction ID: 18622194

Amount of Each Receipt this Period
187.68

Interest Earned

SUBTOTAL of Receipts This Page (optional)	▶	187.68
TOTAL This Period (last page this line number only)	▶	187.68

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Denham For Congress <hr/> Mailing Address 2150 River Plaza Dr #150 <hr/> City Sacramento State CA Zip Code 95833 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Jeff Denham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 19	Transaction ID: 18559917 Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee <hr/> Mailing Address 726 Sixteenth Street NE <hr/> City Massillon State OH Zip Code 44646 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Zachary T. Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 18	Transaction ID: 18559976 Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Pete Sessions For Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32	Transaction ID: 18560158 Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Stivers For Congress</p> <p>Mailing Address 4679 Winterset Drive</p> <p>City Columbus State OH Zip Code 43220</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15</p>	<p>Transaction ID: 18560160 Date of Disbursement: 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:</p>	<p>Transaction ID: 18560162 Date of Disbursement: 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kirk For Senate</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Mark Steven Kirk</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:</p>	<p>Transaction ID: 18560166 Date of Disbursement: 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	14000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends For Jim McDermott</p> <p>Mailing Address PO Box 21786</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Jim McDermott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18560167 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address P. O. Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Michael R. Pence</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18560170 Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565012 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Contribution</p>

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

<p>A. Full Name (Last, First, Middle Initial) Garamendi For Congress</p> <p>Mailing Address 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John Garamendi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565017 Date of Disbursement: 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Bill Owens For Congress</p> <p>Mailing Address PO Box 1575</p> <p>City Plattsburgh State NY Zip Code 12901</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Bill Owens Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565021 Date of Disbursement: 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Owens For Congress</p> <p>Mailing Address PO Box 1575</p> <p>City Plattsburgh State NY Zip Code 12901</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Bill Owens Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565031 Date of Disbursement: 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address P.O. Box 730</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565036 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565049 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson</p> <p>Mailing Address PO Box 1112</p> <p>City State College State PA Zip Code 16804</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Glenn W. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565053 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address P.O. Box 1863</p> <p>City Indianapolis State IN Zip Code 46206</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Andre Carson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565055 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Rich Nugent</p> <p>Mailing Address P. O. Box 15668</p> <p>City Brooksville State FL Zip Code 34604</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Richard Nugent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565057 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Dennis Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565059 Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) David Rivera For Congress</p> <p>Mailing Address P.O. Box 520633</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. David Rivera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18565061 Date of Disbursement: 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Fund For The Majority, The</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Fund For The Majority, The</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575823 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name New Democrat Coalition Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575829 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 144

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress	Transaction ID: 18575838 Date of Disbursement 09 / 21 / 2010
	Mailing Address P.O. Box 1441	
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Lynn Jenkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Ciro Rodriguez For Congress	Transaction ID: 18575842 Date of Disbursement 09 / 21 / 2010
	Mailing Address PO Box 14528	
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress	Transaction ID: 18575845 Date of Disbursement 09 / 21 / 2010
	Mailing Address P. O. Box 12678	
	City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Benjamin Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael E. Capuano

011
Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18575848
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael C. Burgess, M.D.

011
Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18575849
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph D. Courtney

011
Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18575850
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) Walden For Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Gregory P. Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575852</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mike McIntyre For Congress</p> <p>Mailing Address P.O. Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575854</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575859</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address 8150 West Emerald, Ste. 170</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Walter Clifford Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01</p>	<p>Transaction ID: 18575860 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Marsha Blackburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 07</p>	<p>Transaction ID: 18575861 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address PO Box 3314 Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05</p>	<p>Transaction ID: 18575862 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden</p> <p>Mailing Address 18 North Second Street, Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575863</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575908</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher John Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18575929</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

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

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

FOR LINE NUMBER: (check only one)

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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

A. Full Name (Last, First, Middle Initial) Chad Causey For Congress Mailing Address PO Box 16966 City Jonesboro State AR Zip Code 72403 Purpose of Disbursement Contribution Candidate Name Mr. Chad Causey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578668 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00 Contribution

B. Full Name (Last, First, Middle Initial) Kansans For Huelskamp Mailing Address PO Box 410 City Fowler State KS Zip Code 67844 Purpose of Disbursement Contribution Candidate Name Mr. Timothy Huelskamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578673 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00 Contribution

C. Full Name (Last, First, Middle Initial) Dan Coats For Indiana Mailing Address PO Box 301141 City Indianapolis State IN Zip Code 46230 Purpose of Disbursement Contribution Candidate Name Mr. Daniel Coats Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578678 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) Stutzman For Congress</p> <p>Mailing Address 0250 W 600 N</p> <p>City Howe State IN Zip Code 46746</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Marlin Stutzman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578683 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Hoosiers For Rokita</p> <p>Mailing Address 7643 East U.S. 36</p> <p>City Avon State IN Zip Code 46123</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Theodore Rokita</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578684 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dan Lipinski For Congress</p> <p>Mailing Address P.O. Box 520</p> <p>City Western Springs State IL Zip Code 60558</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel William Lipinski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18578685 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

A.	Full Name (Last, First, Middle Initial) Schakowsky For Congress Mailing Address P.O. Box 5130 City Evanston State IL Zip Code 60204 Purpose of Disbursement Contribution Candidate Name Rep. Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578687 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress Mailing Address PO Box 3068 City Barrington State IL Zip Code 60010 Purpose of Disbursement Contribution Candidate Name Rep. Melissa L. Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578688 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 2000.00 Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) John Salazar For Congress Mailing Address P.O. Box 534 City Pueblo State CO Zip Code 81002 Purpose of Disbursement Contribution Candidate Name Rep. John T. Salazar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578689 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

A. Full Name (Last, First, Middle Initial) Perlmutter For Congress Mailing Address 3440 Youngfield Street #264 City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement Contribution Candidate Name Rep. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578691 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Dreier For Congress Committee Mailing Address P.O. Box 505 City Upland State CA Zip Code 91785 Purpose of Disbursement Contribution Candidate Name Rep. David Dreier Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18578693 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Friends Of Lois Capps Mailing Address PO Box 23940 City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579046 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 144

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Buck McKeon For Congress		Transaction ID: 18579047	
	Mailing Address 23942 Lyons Ave #105		Date of Disbursement 09 / 21 / 2010	
	City Santa Clarita	State CA	Zip Code 91321	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution		011	Contribution
	Candidate Name Rep. Howard P. McKeon		Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: CA District: 25			

B.	Full Name (Last, First, Middle Initial) Bill Nelson For U.S. Senate		Transaction ID: 18579048	
	Mailing Address 972 W Whitmire Drive		Date of Disbursement 09 / 21 / 2010	
	City Melbourne	State FL	Zip Code 32935	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2012 Contribution		011	2012 Contribution
	Candidate Name Sen. Bill Nelson		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: FL District:			

C.	Full Name (Last, First, Middle Initial) Bill Nelson For U.S. Senate		Transaction ID: 18579049	
	Mailing Address 972 W Whitmire Drive		Date of Disbursement 09 / 21 / 2010	
	City Melbourne	State FL	Zip Code 32935	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2012 Contribution		011	2012 Contribution
	Candidate Name Sen. Bill Nelson		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: FL District:			

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579136 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Corrine Brown</p> <p>Mailing Address 3563 Carriage Walk Lane</p> <p>City Laurel State MD Zip Code 20724</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Corrine Brown</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579137 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Crenshaw For Congress Campaign</p> <p>Mailing Address 4963 Beach Boulevard</p> <p>City Jacksonville State FL Zip Code 32207</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ander Crenshaw</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579138 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns</p> <p>Mailing Address PO Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Clifford B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579139</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mica For Congress</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579154</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bilirakis For Congress</p> <p>Mailing Address PO Box 606</p> <p>City Tarpon Springs State FL Zip Code 34688</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Gus M. Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579158</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

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3500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address P. O. Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579159 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Katherine Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579169 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Vern Buchanan For Congress</p> <p>Mailing Address P. O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Vern Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18579179 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Connie Mack</p> <p>Mailing Address P.O. Box 519 Pmb 388</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Connie Mack, IV Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 14</p>	<p>Transaction ID: 18579182 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress</p> <p>Mailing Address PO Box 522784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Ileana Ros-Lehtinen Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 18</p>	<p>Transaction ID: 18579184 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ted Deutch For Congress Committee</p> <p>Mailing Address 20423 Sr 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Theodore Deutch Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 19</p>	<p>Transaction ID: 18579185 Date of Disbursement: 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress <hr/> Mailing Address 1071 Twin Branch Ln <hr/> City Weston State FL Zip Code 33326 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Debbie Wasserman-Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579196 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 3500.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Mario Diaz-Balart For Congress <hr/> Mailing Address 95 Merrick Way, Suite 250 <hr/> City Coral Gables State FL Zip Code 33134 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Mario Diaz-Balart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579223 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 3500.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Klein For Congress <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33433 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18579234 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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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

A.	Full Name (Last, First, Middle Initial) Kosmas For Congress	Transaction ID: 18579241 Date of Disbursement 09 / 21 / 2010
	Mailing Address PO Box 1547	Amount of Each Disbursement this Period 2000.00
	City New Smyrna Beach State FL Zip Code 32170	
	Purpose of Disbursement Contribution Candidate Name Rep. Suzanne M. Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Shore PAC	Transaction ID: 18579246 Date of Disbursement 09 / 27 / 2010
	Mailing Address P.O. Box 3157	Amount of Each Disbursement this Period -1500.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Void of 6/16/10 contribution Candidate Name Shore PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 6/16/10 contribution

C.	Full Name (Last, First, Middle Initial) Shore PAC	Transaction ID: 18584695 Date of Disbursement 09 / 27 / 2010
	Mailing Address P.O. Box 3157	Amount of Each Disbursement this Period 1500.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement 2010 Contribution Candidate Name Shore PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Contribution

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18584700 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00 <hr/> Contribution
B.	Full Name (Last, First, Middle Initial) Richardson For Congress <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Laura Richardson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18584702 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
C.	Full Name (Last, First, Middle Initial) John D. Dingell For Congress <hr/> Mailing Address 607 14th Street, Nw Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18584704 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Daniel B. Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18584809</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address P.O. Box 730</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18584811</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Shelby For U.S. Senate</p> <p>Mailing Address Post Office Box 1091</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Richard C. Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18615732</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A. Full Name (Last, First, Middle Initial) Robert Aderholt For Congress <hr/> Mailing Address P. O. Box 1158 <hr/> City Haleyville State AL Zip Code 35565 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Robert B. Aderholt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615738 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee <hr/> Mailing Address P.O.Box 851232 <hr/> City Mobile State AL Zip Code 36685 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Josiah Robins Bonner, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615742 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Bright For Congress <hr/> Mailing Address P.O.Box 2106 <hr/> City Montgomery State AL Zip Code 36102 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Bobby Neal Bright, Sr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615744 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mike Rogers For Congress Mailing Address 123 East 13th Street City Anniston State AL Zip Code 36201 Purpose of Disbursement Contribution Candidate Name Rep. Michael D. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615750 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 2500.00 Contribution
B.	Full Name (Last, First, Middle Initial) Terri Sewell For Congress Mailing Address P.O. Box 1964 City Birmingham State AL Zip Code 35201 Purpose of Disbursement Contribution Candidate Name Ms. Terri Sewell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615757 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 2500.00 Contribution
C.	Full Name (Last, First, Middle Initial) Toomey For Senate Committee Mailing Address 2720 Jordan Road City Orefield State PA Zip Code 18069 Purpose of Disbursement Contribution Candidate Name Mr. Patrick Toomey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615761 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 5000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615783 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 3500.00 Contribution
B.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress Mailing Address PO Box 823047 City Dallas State TX Zip Code 75382 Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615790 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 4000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Olson For Congress Committee Mailing Address PO Box 16381 City Sugar Land State TX Zip Code 77496 Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615804 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)		8500.00	
TOTAL This Period (last page this line number only)			

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Boucher For Congress Committee Mailing Address P.O. Box 2000 City Abingdon State VA Zip Code 24212 Purpose of Disbursement Contribution Candidate Name Rep. Rick Boucher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615813 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	Contribution
B.	Full Name (Last, First, Middle Initial) Arcuri For Congress Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Contribution Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615816 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
		Amount of Each Disbursement this Period 3000.00	Contribution
C.	Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza Mailing Address PO Box 2749 City Merced State CA Zip Code 95340 Purpose of Disbursement Contribution Candidate Name Rep. Dennis A. Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18615833 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	
		Amount of Each Disbursement this Period 5000.00	Contribution

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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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

A.	Full Name (Last, First, Middle Initial) Dan Seals for Congress	Transaction ID: 18616029 Date of Disbursement 09 / 14 / 2010
	Mailing Address PO Box 584	Amount of Each Disbursement this Period 5000.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement Contribution Candidate Name Mr. Dan Seals Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) David Vitter For U.S. Senate	Transaction ID: 18616075 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 8175	Amount of Each Disbursement this Period 1000.00
	City Metairie State LA Zip Code 70011	
	Purpose of Disbursement Contribution Candidate Name Sen. David Vitter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Peters For Congress	Transaction ID: 18616093 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 226	Amount of Each Disbursement this Period 1500.00
	City Bloomfield Hills State MI Zip Code 48303	
	Purpose of Disbursement Contribution Candidate Name Rep. Gary C. Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	7500.00
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Spratt For Congress Committee Mailing Address PO Box 830 City York State SC Zip Code 29745 Purpose of Disbursement Contribution Candidate Name Rep. John McKee Spratt, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616470 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	
		Amount of Each Disbursement this Period 3500.00	Contribution
B.	Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City Seattle State WA Zip Code 98133 Purpose of Disbursement Contribution Candidate Name Rep. Jay Inslee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616508 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	Contribution
C.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota Mailing Address PO Box 2009 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Contribution Candidate Name Rep. Stephanie Herseth Sandlin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616516 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	
		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)
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Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address 2345 Grand, Suite 2400 City Kansas City State MO Zip Code 64108 Purpose of Disbursement Contribution Candidate Name Rep. Samuel B. Graves, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616540 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
		Contribution	
B.	Full Name (Last, First, Middle Initial) Friends Of Phil Hare Mailing Address 224 18th Street P.O. Box 4183 City Rock Island State IL Zip Code 61204 Purpose of Disbursement Contribution Candidate Name Rep. Phil Hare Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616542 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
		Contribution	
C.	Full Name (Last, First, Middle Initial) Serrano For Congress Mailing Address 1831 Bay Street, Se City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Rep. Jose E. Serrano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616545 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00
		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**

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Norm Dicks For Congress Mailing Address PO Box 1663 City Tacoma State WA Zip Code 98401 Purpose of Disbursement Contribution Candidate Name Rep. Norman D. Dicks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616547 Date of Disbursement 09 / 16 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Norm Dicks For Congress Mailing Address PO Box 1663 City Tacoma State WA Zip Code 98401 Purpose of Disbursement Contribution Candidate Name Rep. Norman D. Dicks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616552 Date of Disbursement 09 / 16 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Denny Heck For Congress Mailing Address PO Box 235 City Olympia State WA Zip Code 98507 Purpose of Disbursement Contribution Candidate Name Mr. Dennis Heck Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616555 Date of Disbursement 09 / 16 / 2010	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)
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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

A. Full Name (Last, First, Middle Initial) Manchin For West Virginia <hr/> Mailing Address PO Box 5202 <hr/> City Charleston State WV Zip Code 25361 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Joe Manchin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010	Transaction ID: 18616556 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Bill Owens For Congress <hr/> Mailing Address PO Box 1575 <hr/> City Plattsburgh State NY Zip Code 12901 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Bill Owens Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616563 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Price For Congress <hr/> Mailing Address P.O. Box 1986 <hr/> City Raleigh State NC Zip Code 27602 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. David E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616574 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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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

A.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress Mailing Address 5429 Madison Avenue City Sacramento State CA Zip Code 95841 Purpose of Disbursement Contribution Candidate Name Rep. Michael Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18616613 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Joe Donnelly For Congress Mailing Address PO Box 1961 City South Bend State IN Zip Code 46634 Purpose of Disbursement Contribution Candidate Name Rep. Joseph Donnelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18617243 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress Mailing Address PO Box 7783 City Rockford State IL Zip Code 61126 Purpose of Disbursement Contribution Candidate Name Rep. Donald A. Manzullo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18617244 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 Contribution

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

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

Use separate schedule(s)
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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

A.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 18617245 Date of Disbursement
	Mailing Address P.O. Box 8331	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code Fremont CA 94537	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Fortney Peter Stark	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Issa For Congress	Transaction ID: 18617246 Date of Disbursement
	Mailing Address P O Box 760	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code Vista CA 92085	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Darrell E. Issa	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 18617247 Date of Disbursement
	Mailing Address 6380 Wilshire Blvd. #1612	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code Los Angeles CA 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Rep. Henry A. Waxman	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez</p> <p>Mailing Address 1212 S. Victory Blvd. Suite 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Loretta Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 47</p>	<p>Transaction ID: 18617248</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) King For Congress</p> <p>Mailing Address 116 N Main St. PO Box 400</p> <p>City Early State IA Zip Code 50535</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Steve A. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 05</p>	<p>Transaction ID: 18617249</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: 18617251</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

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)

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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

<p>A. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617252</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Huizenga For Congress</p> <p>Mailing Address 441 William Court</p> <p>City Zeeland State MI Zip Code 49464</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. William Huizenga</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617253</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Scott For Congress</p> <p>Mailing Address 1405 Ashley River Road</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Timothy Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617280</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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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)

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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

A.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress	Transaction ID: 18617352 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO Box 350	Amount of Each Disbursement this Period 1000.00
	City Jamestown State TN Zip Code 38556	
	Purpose of Disbursement Contribution Candidate Name Rep. Lincoln Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Menendez For Senate	Transaction ID: 18617545 Date of Disbursement 09 / 22 / 2010
	Mailing Address One Gateway Center Suite 520	Amount of Each Disbursement this Period 1500.00
	City Newark State NJ Zip Code 07102	
	Purpose of Disbursement 2012 Contribution Candidate Name Sen. Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2012 Contribution

C.	Full Name (Last, First, Middle Initial) Menendez For Senate	Transaction ID: 18617692 Date of Disbursement 09 / 24 / 2010
	Mailing Address One Gateway Center Suite 520	Amount of Each Disbursement this Period 3500.00
	City Newark State NJ Zip Code 07102	
	Purpose of Disbursement Contribution Candidate Name Sen. Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 18617693 Date of Disbursement
	Mailing Address PO Box 682185	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Marsha Blackburn	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	Transaction ID: 18617694 Date of Disbursement
	Mailing Address PO Box 326	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Everett State WA Zip Code 98206	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Rep. Rick Larsen	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Citizens For Rush	Transaction ID: 18617698 Date of Disbursement
	Mailing Address P. O. Box 7292	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60680	Amount of Each Disbursement this Period
	Purpose of Disbursement Void of 8/2010 disbursement	<input type="text" value="-3000.00"/>
	Candidate Name Rep. Bobby Lee Rush	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 8/2010 disbursement

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Citizens For Rush</p> <p>Mailing Address P. O. Box 7292</p> <p>City Chicago State IL Zip Code 60680</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bobby Lee Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617699 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress</p> <p>Mailing Address PO Box 7783</p> <p>City Rockford State IL Zip Code 61126</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Donald A. Manzullo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617700 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Diana DeGette For Congress Inc.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617701 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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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

A. Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard E. Neal

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18617702
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Latham For Congress

Mailing Address P.O. Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas P. Latham

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18617703
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18617705
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Kirk For Senate <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010	Transaction ID: 18617709 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Portman For Senate Committee <hr/> Mailing Address 8331 Little Harbor Drive <hr/> City Cincinnati State OH Zip Code 45244 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Rob Portman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18617711 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 2720 <hr/> City Cedar Rapids State IA Zip Code 52406 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. David Wayne Loeb sack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18617715 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Nunes For Congress</p> <p>Mailing Address PO Box 891</p> <p>City Pixley State CA Zip Code 93256</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Devin Nunes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617718</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617719</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18617720</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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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

A.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 18620051 Date of Disbursement 09 / 28 / 2010
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 4000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010	011 Category/Type Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	Transaction ID: 18620054 Date of Disbursement 09 / 28 / 2010
	Mailing Address P.O. Box 160	Amount of Each Disbursement this Period 1000.00
	City Bellaire State OH Zip Code 43906	
	Purpose of Disbursement Contribution Candidate Name Rep. Charles A. Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Contribution

C.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 18620056 Date of Disbursement 09 / 28 / 2010
	Mailing Address P.O. Box 127	Amount of Each Disbursement this Period 1000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement Contribution Candidate Name Rep. Christopher Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Richmond For Congress <hr/> Mailing Address 1631 Elysian Fields Suite 150 <hr/> City New Orleans State LA Zip Code 70126 <hr/> Purpose of Disbursement Contribution Candidate Name Mr. Cedric Richmond Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18620063 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	Contribution
B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michael Avery Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18620103 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	
		Amount of Each Disbursement this Period 2000.00	Contribution
C.	Full Name (Last, First, Middle Initial) Lewis For Congress Committee <hr/> Mailing Address PO Box 247 <hr/> City Redlands State CA Zip Code 92373 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jerry Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18620106 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
Contribution

Candidate Name
Rep. Wally Herger

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 18620115
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
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: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 18620121
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House
 Senate
 President
State: CT District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 18620129
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address P.O. Box 661 PO Box 5458</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18620132 Date of Disbursement: 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18620144 Date of Disbursement: 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bachus For Congress Committee</p> <p>Mailing Address P.O. Box 131134</p> <p>City Birmingham State AL Zip Code 35213</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Spencer Thomas Bachus, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18620145 Date of Disbursement: 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

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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

A. Full Name (Last, First, Middle Initial) All Power to the People PAC <hr/> Mailing Address 499 South Capitol Street SW Suite 422 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name All Power to the People PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18625897 Date of Disbursement MM / DD / YYYY 09 / 24 / 2010
	Amount of Each Disbursement this Period 2000.00 <hr/> 2010 Contribution
B. Full Name (Last, First, Middle Initial) TRUST PAC (Team Republicans for Utilizing Sensible Tactics) <hr/> Mailing Address Post Office Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement Re-issue of 7/10 check, misdeposited by Upton for All of Us Candidate Name TRUST PAC (Team Republicans for Utilizing Sensible Tactics) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18665819 Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	Amount of Each Disbursement this Period 3000.00 <hr/> Re-issue of 7/10 check, misdeposited by Upton for All of Us

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

278500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 144

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Charles H Whitfield, Jr.

Mailing Address 1420 Tusculum Boulevard

City State Zip Code
Greenville TN 37745-5825

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 18616559
Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

125.00

Refund

B.

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

Mailing Address P O Box 607

City State Zip Code
Laurel MS 39441-0607

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 18620066
Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

250.00

Refund

SUBTOTAL of Disbursements This Page (optional)

375.00

TOTAL This Period (last page this line number only)

375.00

**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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 18622169 Date of Disbursement
	Mailing Address Ste. 001	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	<input type="text" value="4.95"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Merchant Fees

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 18622170 Date of Disbursement
	Mailing Address Ste. 001	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	<input type="text" value="32.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Merchant Fees

C.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 18622174 Date of Disbursement
	Mailing Address 1601 Elm Street	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	<input type="text" value="87.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Merchant Fees

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="124.85"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Paymentech

Transaction ID: 18622183
Date of Disbursement

Mailing Address 14221 Dallas Parkway
Building Two

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	0

City Dallas State TX Zip Code 75254

Amount of Each Disbursement this Period

Purpose of Disbursement

Merchant Fees

001
Category/ Type

20.45

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Merchant Fees

State: District:

B.

Full Name (Last, First, Middle Initial)
Citibank, F.S.B.

Transaction ID: 18622192
Date of Disbursement

Mailing Address 1400 G Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement

Bank Fee

001
Category/ Type

35.42

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Bank Fee

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

55.87

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

180.72
