

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

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	2250481.15									
(c) Total Receipts (from Line 19)	89680.32	217334.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2340161.47	2408181.88								
7. Total Disbursements (from Line 31)	68925.26	136945.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2271236.21	2271236.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

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)	14870.00	19220.00
(ii) Unitemized	8039.42	12955.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22909.42	32175.42
(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)	22909.42	32175.42
12. Transfers From Affiliated/Other Party Committees	65000.00	183100.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	270.90	559.28
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))	89680.32	217334.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89680.32	217334.70

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.....	325.26	653.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	325.26	653.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68600.00	136100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	192.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68925.26	136945.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68925.26	136945.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	22909.42	32175.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22909.42	32175.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	325.26	653.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	325.26	653.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 38
	(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) Friends Of Byron Dorgan		Date of Receipt
	Mailing Address PO Box 871		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bismarck	ND	58502
	FEC ID number of contributing federal political committee.		<input type="text" value="C00143438"/>
	Name of Employer		Occupation
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 17987493 Amount of Each Receipt this Period <input type="text" value="1500.00"/>	
Aggregate Year-to-Date ▼		<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1500.00"/>

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 / 38
	<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. Arthur A Ushijima

Mailing Address 1301 Punchbowl Street

City Honolulu State HI Zip Code 96813-2402

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

Name of Employer Queen's Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 02 / 2010

Transaction ID: 17988649

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms Judy McClenaghan

Mailing Address 2806 Octavia Lane

City Marietta State GA Zip Code 30062-4924

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

Name of Employer Georgia Hospital Association Occupation Government Relations Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2010

Transaction ID: 18003171

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Vi B. Naylor

Mailing Address 190 Hunting Creek Drive

City Marietta State GA Zip Code 30068-3416

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

Name of Employer Georgia Hospital Association Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2010

Transaction ID: 18003174

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<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. Joyce Reid	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 1675 Terrell Mill Rd	Transaction ID: 18003175
	City State Zip Code Marietta GA 30067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Georgia Hospital Association	Occupation Health and Accountability Specialist,	
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. Patricia Conway-Morana	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 3300 Gallows Road	Transaction ID: 18004528
	City State Zip Code Falls Church VA 22042-3307	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Inova Fairfax Hospital	Occupation Chief Nurse Executive	
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 Maron	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 718 Teaneck Road	Transaction ID: 18004898
	City State Zip Code Teaneck NJ 07666-4245	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Holy Name Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 9 / 38
(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. Audrey Meyers

Mailing Address 223 North Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-2726

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

Name of Employer Valley 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
02 / 12 / 2010

Transaction ID: 18004901

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Frank J Vozos, , M.D., FA

Mailing Address 300 Second Avenue

City State Zip Code
Long Branch NJ 07740-6303

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

Name of Employer Monmouth Medical Center Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: 18004910

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jeff M. Dye

Mailing Address 2121 Osuna Rd NE

City State Zip Code
Albuquerque NM 87113-1001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: 18007805

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<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. Brian S Bentley	Date of Receipt MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 1313 East 32nd Street	Transaction ID: 18007806
	City State Zip Code Silver City NM 88061-7251	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Gila Regional Medical Center 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. Mark Dixon	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 7102 Heatherton Trail	Transaction ID: 18007910
	City State Zip Code Edina MN 55435-4121	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fairview Health Services Regional President, Southwest	
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) Dr. Alan L Goldbloom, , M.D.	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 345 North Smith Avenue	Transaction ID: 18007912
	City State Zip Code Saint Paul MN 55102-2346	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Children's Hospitals and Clinics of Mi President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 11 / 38
(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. Timothy H Hanson

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 President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 18007915

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 300 South Bruce Street

City State Zip Code
Marshall MN 56258-3901

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

Name of Employer Avera Marshall Regional Medical Center
Occupation Director, Community Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 18007921

Amount of Each Receipt this Period
500.00

C.

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 18007922

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Terence Pladson, M.D.

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer Occupation
CentraCare 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
02 / 17 / 2010

Transaction ID: 18007925

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Donna M. Herrin-Griffith, MSN, RN, C

Mailing Address 105 Overleaf Pointe

City State Zip Code
Huntsville AL 38104-6600

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

Name of Employer Occupation
Methodist Le Bonheur Healthcare Sr. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 18011025

Amount of Each Receipt this Period
500.00

C.

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

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 Occupation
American Hospital Association-Chicago Sr. Vice President and Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 18011027

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 13 / 38
(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)
Mary Longe

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 Account Manager AHA Solutions, Inc.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 18011034

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2450 Riverside Avenue

City State Zip Code
Minneapolis MN 55454-1450

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

Name of Employer Fairview Health Services
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 18011777

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen Pribyl

Mailing Address 800 Medical Center Drive

City State Zip Code
Fairmont MN 56031-4575

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

Name of Employer Fairmont Medical Center-Mayo Health Sy
Occupation Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 18011786

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Marianne G. Lorini		Date of Receipt MM / DD / YYYY 02 / 16 / 2010		
	Mailing Address 151 Pebblebrook Drive		Transaction ID: 18011866		
	City Willoughby	State OH	Zip Code 44094-9169	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Akron Regional Hospital Association	Occupation President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Scott C Malaney		Date of Receipt MM / DD / YYYY 02 / 16 / 2010		
	Mailing Address 1900 South Main Street		Transaction ID: 18011867		
	City Findlay	State OH	Zip Code 45840-1214	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Blanchard Valley Health System	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Ms. Mina H Ubbing		Date of Receipt MM / DD / YYYY 02 / 16 / 2010		
	Mailing Address 401 North Ewing Street		Transaction ID: 18011874		
	City Lancaster	State OH	Zip Code 43130-3372	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fairfield Medical Center	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 15 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 1790

City State Zip Code
Youngstown OH 44501-1790

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

Name of Employer St. Elizabeth Health Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 18011875

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. David Engler, PhD

Mailing Address 323 Pebble Creek Drive

City State Zip Code
Dublin OH 43017-1370

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

Name of Employer Ohio Hospital Association
Occupation VP Quality Institute

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 18011910

Amount of Each Receipt this Period
250.00

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

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

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

Name of Employer Ohio Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 18011911

Amount of Each Receipt this Period
625.00

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 16 / 38
(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 L. Gallagher

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Mailing Address 155 East Broad Street,
15th Floor

Transaction ID: 18011912

City Columbus State OH Zip Code 43215-3609

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee. C

Name of Employer Ohio Hospital Association Occupation Vice President & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Bridget A. Gargan

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Mailing Address 54 West Weisheimer Road

Transaction ID: 18011913

City Columbus State OH Zip Code 43214-2545

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee. C

Name of Employer Ohio Hospital Association Occupation Vice President, State Policy & Advocac

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kimberly A. Keiser

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Mailing Address 2237 Bryden Road

Transaction ID: 18011918

City Bexley State OH Zip Code 43209-1612

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee. C

Name of Employer Ohio Hospital Association Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 38
	<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 M. Yost	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address 924 Riva Ridge Boulevard	Transaction ID: 18011922
	City State Zip Code Gahanna OH 43230-3825	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ohio Hospital Association Vice President, Public Affairs	
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. Susan Stanfield	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address 6218 Muirlock Court	Transaction ID: 18011924
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ohio Hospital Association Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Stanley R Korducki	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address 950 West Wooster Street	Transaction ID: 18011925
	City State Zip Code Bowling Green OH 43402-2603	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wood County Hospital President	
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)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 38
(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. Joanne Carrocino, , FACHE

Mailing Address Two Stone Harbor Boulevard

City State Zip Code
Cape May Court Hou NJ 08210-2138

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 18026045

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 4 Brookside Drive

City State Zip Code
Bordentown NJ 08505-4439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 18026066

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Mr. George W. Greene, Esq.

Mailing Address 932 Ward Avenue Suite 430

City State Zip Code
Honolulu HI 96814-2131

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

Name of Employer Healthcare Association of Hawaii
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 18026404

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Kim C. Byas, Sr., MPH,

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 ▼
500.00

Date of Receipt

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

Transaction ID: 18027887

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City State Zip Code
Austin TX 78761-5587

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

Name of Employer American Hospital Association-Chicago
Occupation AHA Regional Executive for TX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

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

Transaction ID: PR331416023395

Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	620.00
TOTAL This Period (last page this line number only)	▶	14870.00

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

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

FOR LINE NUMBER: PAGE 20 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
73500.00

Date of Receipt

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

Transaction ID: 18011082

Amount of Each Receipt this Period
15000.00

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

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt

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

Transaction ID: 18011083

Amount of Each Receipt this Period
40000.00

C. Full Name (Last, First, Middle Initial)
Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: 18094179

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **65000.00**

TOTAL This Period (last page this line number only) ► **65000.00**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
PrairieLand PAC

Transaction ID: 18001052
Date of Disbursement

Mailing Address 228 S. Washington Street
Suite B-20

/ /

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

2010 Contribution
Candidate Name
PrairieLand PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

2010 Contribution

State: District:

B.

Full Name (Last, First, Middle Initial)
PETEPAC: People for Enterprise Trade & Econ Growth

Transaction ID: 18001053
Date of Disbursement

Mailing Address 3686 King Street
#146

/ /

City Alexandria State VA Zip Code 22302

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

2010 Contribution
Candidate Name
PETEPAC: People for Enterprise Trade & Econ Growth

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

2010 Contribution

State: District:

C.

Full Name (Last, First, Middle Initial)
Pete Sessions For Congress

Transaction ID: 18001054
Date of Disbursement

Mailing Address PO Box 823047

/ /

City Dallas State TX Zip Code 75382

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

State: TX District: 32

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Barnett For Congress

Transaction ID: 18001055
Date of Disbursement

Mailing Address PO Box 1937

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

City Emporia State KS Zip Code 66801

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

1000.00

Candidate Name
Mr. James Barnett

011
Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

B.

Full Name (Last, First, Middle Initial)
Peters For Congress

Transaction ID: 18001056
Date of Disbursement

Mailing Address PO Box 226

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

City Bloomfield Hills State MI Zip Code 48303

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

2500.00

Candidate Name
Rep. Gary C. Peters

011
Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

C.

Full Name (Last, First, Middle Initial)
John Hall For Congress

Transaction ID: 18001057
Date of Disbursement

Mailing Address PO Box 469

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

City Beacon State NY Zip Code 12508

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

1000.00

Candidate Name
Rep. John J. Hall

011
Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Higgins For Congress

Mailing Address PO Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brian M. Higgins

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18001058
Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ed Royce For Congress

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement
Contribution

Candidate Name
Rep. Edward R. Royce

Office Sought: House
 Senate
 President
State: CA District: 40

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18001060
Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

400.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ciro D. Rodriguez for Congress

Mailing Address P.O. Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ciro D. Rodriguez

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18001061
Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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) Thoroughbred PAC <hr/> Mailing Address PO Box 65116 <hr/> City Washington State DC Zip Code 20035 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Thoroughbred PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18011892 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 <hr/> 2010 Contribution
B.	Full Name (Last, First, Middle Initial) Brady For Congress <hr/> Mailing Address P.O. Box 8277 <hr/> City The Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Kevin Patrick Brady <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18011899 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 <hr/> Contribution
C.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress <hr/> Mailing Address P.O. Box 1 <hr/> City Lumberton State NC Zip Code 28359 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Mike McIntyre <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18011916 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00 <hr/> Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 18011960 Date of Disbursement 02 / 16 / 2010
	Mailing Address 2931 E Dublin Granville Road Suite 190	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43231	
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Bill Shuster For Congress	Transaction ID: 18011963 Date of Disbursement 02 / 16 / 2010
	Mailing Address PO Box 27	Amount of Each Disbursement this Period 1500.00
	City Hollidaysburg State PA Zip Code 16648	
	Purpose of Disbursement Contribution Candidate Name Rep. William Franklin Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 18011985 Date of Disbursement 02 / 16 / 2010
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 1000.00
	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	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	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) 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 State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18012305 Date of Disbursement 02 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Markey For Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18012310 Date of Disbursement 02 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. 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 Candidate Name Rep. Daniel B. Maffei 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18012311 Date of Disbursement 02 / 16 / 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)

<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 Jane Harman

Mailing Address PO Box 96

City State Zip Code
Torrance CA 90507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jane Harman

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 36

Transaction ID: 18012312
Date of Disbursement

02 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Opportunity & Renewal Act (OR) PAC

Mailing Address 2236 SE 10th Avenue

City State Zip Code
Portland OR 97214

Purpose of Disbursement
2010 Contribution

Candidate Name
Opportunity & Renewal Act (OR) PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18083225
Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

2010 Contribution

C.

Full Name (Last, First, Middle Initial)
We the People PAC

Mailing Address PO Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
2010 Contribution

Candidate Name
We the People PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18083236
Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 38

<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 For Harry Reid <hr/> Mailing Address P.O. Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086140 Date of Disbursement 02 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Cummings For Congress Campaign Committee <hr/> Mailing Address PO Box 1631 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Elijah E. Cummings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086147 Date of Disbursement 02 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Markey For Congress <hr/> Mailing Address PO Box 1333 <hr/> City Fort Collins State CO Zip Code 80521 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Betsy Markey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086150 Date of Disbursement 02 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18086281</p> <p>Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address P.O. Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jo Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO 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: 18086435</p> <p>Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Suzanne M. Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18086594</p> <p>Date of Disbursement MM / DD / YYYY 02 / 22 / 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)

<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) Larson For Congress	Transaction ID: 18086596 Date of Disbursement 02 / 22 / 2010
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 1000.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement Contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 18086604 Date of Disbursement 02 / 22 / 2010
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 1500.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement Contribution Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Daniel K Inouye For U S Senate	Transaction ID: 18086606 Date of Disbursement 02 / 22 / 2010
	Mailing Address 1088 Bishop St Suite 1009	Amount of Each Disbursement this Period 200.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement Contribution Candidate Name Sen. Daniel K. Inouye Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	2700.00
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) Kirkpatrick For Arizona	Transaction ID: 18086696 Date of Disbursement 02 / 22 / 2010
	Mailing Address PO Box 993	Amount of Each Disbursement this Period 4000.00
	City Prescott State AZ Zip Code 86302	
	Purpose of Disbursement Contribution Candidate Name Rep. Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona	Transaction ID: 18086698 Date of Disbursement 02 / 22 / 2010
	Mailing Address PO Box 993	Amount of Each Disbursement this Period 1000.00
	City Prescott State AZ Zip Code 86302	
	Purpose of Disbursement Contribution Candidate Name Rep. Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Paul Tonko For Congress	Transaction ID: 18086699 Date of Disbursement 02 / 22 / 2010
	Mailing Address 911 Central Avenue PO Box 221	Amount of Each Disbursement this Period 1000.00
	City Albany State NY Zip Code 12206	
	Purpose of Disbursement Contribution Candidate Name Rep. Paul David Tonko Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	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)

<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) Cantor For Congress Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086700 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	
		Amount of Each Disbursement this Period 1000.00	
		Contribution	
B.	Full Name (Last, First, Middle Initial) Democrats Win Seats PAC Mailing Address 1071 Turin Branch Lane City Weston State FL Zip Code 33326 Purpose of Disbursement 2010 Contribution Candidate Name Democrats Win Seats PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086701 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	
		Amount of Each Disbursement this Period 1500.00	
		2010 Contribution	
C.	Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City St. Joseph State MI Zip Code 49085 Purpose of Disbursement Contribution Candidate Name Rep. Frederick Stephen Upton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18086703 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0	
		Amount of Each Disbursement this Period 1500.00	
		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)
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contribution

Candidate Name
Mr. Michael C. Burgess

Office Sought: House
 Senate
 President

State: TX District: 26

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18086704
Date of Disbursement

/ 5 /

Amount of Each Disbursement this Period

Category/
Type

Contribution

B.

Full Name (Last, First, Middle Initial)
Langevin For Congress

Mailing Address 181-A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contribution

Candidate Name
Rep. James R. Langevin

Office Sought: House
 Senate
 President

State: RI District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18086706
Date of Disbursement

/ 5 /

Amount of Each Disbursement this Period

Category/
Type

Contribution

C.

Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

State: OR District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 18086707
Date of Disbursement

/ 5 /

Amount of Each Disbursement this Period

Category/
Type

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2010

Transaction ID: 18086709

Date of Disbursement

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

Mailing Address 5915 Eastman Avenue
Suite 100

Amount of Each Disbursement this Period

2500.00

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. David Lee Camp

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 04

Contribution

B.

Full Name (Last, First, Middle Initial)
Mike McIntyre For Congress

Transaction ID: 18086710

Date of Disbursement

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

Mailing Address P.O. Box 1

Amount of Each Disbursement this Period

500.00

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Mike McIntyre

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 07

Contribution

C.

Full Name (Last, First, Middle Initial)
Mike McIntyre For Congress

Transaction ID: 18086711

Date of Disbursement

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

Mailing Address P.O. Box 1

Amount of Each Disbursement this Period

500.00

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Mike McIntyre

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 07

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven R. Rothman

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 09

Transaction ID: 18086712
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. 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

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 03

Transaction ID: 18086713
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

500.00

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

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 03

Transaction ID: 18086715
Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

500.00

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

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) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18087118 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Michael Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18087119 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Michael Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18087470 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

68600.00

**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 38 / 38

<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: 18086725
Date of Disbursement

Mailing Address 14221 Dallas Parkway
Building Two

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

City Dallas State TX Zip Code 75254

Amount of Each Disbursement this Period

88.53

Purpose of Disbursement
Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

88.53

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

88.53
