

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1836473.19
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	2091646.87									
(c) Total Receipts (from Line 19)	177007.25	641672.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2268654.12	2478145.44								
7. Total Disbursements (from Line 31)	56397.57	265888.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2212256.55	2212256.55								
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**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	64769.78	219164.84
(ii) Unitemized	14529.17	46420.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	79298.95	265585.78
(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)	79298.95	265585.78
12. Transfers From Affiliated/Other Party Committees	95000.00	368800.00
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	1334.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	208.30	451.95
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))	177007.25	641672.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	177007.25	641672.25

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.....	397.57	2588.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	397.57	2588.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	56000.00	263300.00
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	0.00
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))..	56397.57	265888.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56397.57	265888.89

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)	79298.95	265585.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79298.95	265585.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	397.57	2588.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	397.57	1254.37

**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 6 / 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Timothy F. Gens

Mailing Address 5 New England Executive Park

City Burlington State MA Zip Code 01803-5010

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

Name of Employer Massachusetts Hospital Association Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 01 / 2011

Transaction ID: 19015089

Amount of Each Receipt this Period 800.00

B. Full Name (Last, First, Middle Initial)
Ms. Elaine L. Bridge, RN, BSN, M

Mailing Address 279 Willow Gate Rise

City Holliston State MA Zip Code 01746-2441

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

Name of Employer Newton-Wellesley Hospital Occupation Sr. VP, Patient Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 04 / 01 / 2011

Transaction ID: 19015090

Amount of Each Receipt this Period 262.50

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

Mailing Address 38 Longfellow Way

City Boylston State MA Zip Code 01505-1444

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

Name of Employer Jordan Hospital Occupation SVP System Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 04 / 01 / 2011

Transaction ID: 19015092

Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional) ► 1325.00

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 7 / 80
(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. Kenneth Hanover

Mailing Address 85 Herrick Street

City State Zip Code
Beverly MA 01915-1790

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

Name of Employer Occupation
Beverly Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: 19015093

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City State Zip Code
Plymouth MA 02360-2183

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

Name of Employer Occupation
Jordan Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

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

Transaction ID: 19015095

Amount of Each Receipt this Period
1125.00

C.

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

Mailing Address 275 Sandwich Street

City State Zip Code
Plymouth MA 02360-2183

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

Name of Employer Occupation
Jordan Hospital Vice President Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

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

Transaction ID: 19015097

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional) ► **2137.50**

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 8 / 80
(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 Michael Jellinek, MD

Mailing Address 2014 Washington Street

City State Zip Code
Newton Lower Falls MA 02462-1607

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

Name of Employer Occupation
Newton-Wellesley Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19015098

Amount of Each Receipt this Period
375.00

B.

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

Mailing Address 1 Biotech Park

City State Zip Code
Worcester MA 01605-2982

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

Name of Employer Occupation
UMass Memorial Health Care, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19015100

Amount of Each Receipt this Period
262.50

C.

Full Name (Last, First, Middle Initial)
Ms. Cheryl Lapriore

Mailing Address 26 Lambs Grove

City State Zip Code
Spencer MA 01562-1212

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

Name of Employer Occupation
UMass Memorial Health Care, Inc. Vice President/Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19015101

Amount of Each Receipt this Period
262.50

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 9 / 80

(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. Patrick L Muldoon, FACHE

Mailing Address 60 Hospital Road

City State Zip Code
Leominster MA 01453-2205

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

Name of Employer Occupation
Health Alliance Hospitals President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 19015103

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
Mr. John G O'Brien

Mailing Address 1 Biotech Park

City State Zip Code
Worcester MA 01605-2982

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

Name of Employer Occupation
UMass Memorial Health Care, Inc. President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50

Date of Receipt

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

Transaction ID: 19015104

Amount of Each Receipt this Period

262.50

C.

Full Name (Last, First, Middle Initial)
Ms. Denise Schepici

Mailing Address 800 Washington Street, #7047

City State Zip Code
Boston MA 02111-1552

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

Name of Employer Occupation
Tufts Medical Center Senior VP, Clinical Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: 19015105

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1387.50

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 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Nancy L. Shendell-Falik	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 100 Landwdowne St #1503	Transaction ID: 19015106
	City State Zip Code Cambridge MA 02139-4231	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tufts Medical Center Occupation Vice President/CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Mr. Kevin B Whitney	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 261 Pine Hill Road	Transaction ID: 19015107
	City State Zip Code Chelmsford MA 01824-1904	Amount of Each Receipt this Period 262.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Emerson Hospital Occupation VP Patient Care Serv, CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

C.	Full Name (Last, First, Middle Initial) Ms. Donna Herrin-Griffith, MSN, RN, N	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 105 Overleaf Pt Sw	Transaction ID: 19017223
	City State Zip Code Huntsville AL 35824-3102	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Martin Memorial Health Systems 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	

SUBTOTAL of Receipts This Page (optional)	1137.50
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 / 80
(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. Clark Ballard

Mailing Address 1601 Willoughby Road

City State Zip Code
Mason MI 48854-9435

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059267

Amount of Each Receipt this Period
750.00

B.

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

Mailing Address 500 Campus Drive

City State Zip Code
Hancock MI 49930-1569

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

Name of Employer Portage Health
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059268

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 11803 Silverspring Dr.

City State Zip Code
Dewitt MI 48820-7731

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

Name of Employer Sheridan Community Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059270

Amount of Each Receipt this Period
340.00

SUBTOTAL of Receipts This Page (optional) ► **1590.00**

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 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 200 North Madison Street

City Marshall State MI Zip Code 49068-1143

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

Name of Employer Oaklawn Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 01 / 2011
Transaction ID: 19059273
Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 1221 Pine Grove Avenue

City Port Huron State MI Zip Code 48060-3511

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2011
Transaction ID: 19059275
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Nancy Fisher

Mailing Address P.O. Box 626

City Leland State MI Zip Code 49654-0626

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

Name of Employer Munson Healthcare Occupation Vice President, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 01 / 2011
Transaction ID: 19059299
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 13 / 80
(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. David Friar

Mailing Address 10485 S. Monaco Way

City State Zip Code
Traverse City MI 49684-6860

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

Name of Employer Occupation
Munson Healthcare Emergency Services Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059300

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1828 Boston Blvd

City State Zip Code
Lansing MI 48910-1173

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

Name of Employer Occupation
St. John Providence Health System Vice President, Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059302

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 14700 Lake Shore Drive

City State Zip Code
Charlevoix MI 49720-1931

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

Name of Employer Occupation
Charlevoix Area Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059303

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 80
(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. Spencer Johnson

Mailing Address 2066 Riverwood Drive

City State Zip Code
Okemos MI 48864-2814

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

Name of Employer Michigan Health & Hospital Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059304

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Charles D. Kohlruss

Mailing Address 946 Meadow Lark Court

City State Zip Code
Holland MI 49424-6602

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

Name of Employer Holland Hospital
Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059307

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Paul E. LaCasse, , DO

Mailing Address 6520 Commerce Road

City State Zip Code
West Bloomfield MI 48324-2714

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

Name of Employer Botsford Hospital
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059308

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 80
	<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 R. Lane	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 1596 South Hill Circle	Transaction ID: 19059309
	City State Zip Code Bloomfield MI 48304-1121	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer McLaren Health Care Corporation	Occupation Sr. Vice President	
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. Jim Lee	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 803 Greenwich Drive	Transaction ID: 19059310
	City State Zip Code Grand Ledge MI 48837-2411	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Michigan Health & Hospital Association	Occupation VP, Data Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mr. Gary LeRoy	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 4158 Quaker Hill Drive	Transaction ID: 19059311
	City State Zip Code Fort Gratiot MI 48059-4036	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Port Huron Hospital	Occupation Assistant Hospital Administrator	
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)	1375.00
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 / 80
(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. Spencer Maidlow

Mailing Address 1447 North Harrison Street

City State Zip Code
Saginaw MI 48602-4727

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 19059313

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Patricia A Maryland, , Dr.PH

Mailing Address 532 Barrington Court

City State Zip Code
Bloomfield Hills MI 48304-2121

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

Name of Employer Occupation
St. John Providence Health System 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
0 4 / 0 1 / 2 0 1 1

Transaction ID: 19059314

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Philip H McCorkle, Jr.

Mailing Address 200 Jefferson Avenue SE

City State Zip Code
Grand Rapids MI 49503-4502

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

Name of Employer Occupation
Saint Mary's Health Care President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 19059315

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 17 / 80
(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. Gene F Michalski

Mailing Address 3601 West Thirteen Mile Road

City State Zip Code
Royal Oak MI 48073-6712

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

Name of Employer
Beaumont Hospital - Royal Oak

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059318

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. George Montgomery

Mailing Address PO Box 183

City State Zip Code
Manistique MI 49854-0183

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

Name of Employer
Schoolcraft Memorial Hospital

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059319

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 580 West College Avenue

City State Zip Code
Marquette MI 49855-2705

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

Name of Employer
Marquette General Health System

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059320

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 80
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Mr. Mark S O'Halla

Mailing Address 1000 Harrington Boulevard

City State Zip Code
Mount Clemens MI 48043-2920

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

Name of Employer
Mount Clemens 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
04 / 01 / 2011

Transaction ID: 19059322

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1101 West University Drive

City State Zip Code
Rochester MI 48307-1863

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

Name of Employer
Crittenton Hospital 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
04 / 01 / 2011

Transaction ID: 19059323

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 15277 Meadowwood

City State Zip Code
Grand Haven MI 49417-9684

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

Name of Employer
Holland Hospital

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059324

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 19 / 80
(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. Brian Peters

Mailing Address 3051 Crofton Dr.

City State Zip Code
Dewitt MI 48820-7770

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 19059325

Amount of Each Receipt this Period
750.00

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

Mailing Address 4005 Orchard Drive

City State Zip Code
Midland MI 48670-0001

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

Name of Employer MidMichigan Health
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 19059326

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Stephanie J Riemer-Matuzak

Mailing Address 1100 East Michigan Avenue

City State Zip Code
Grayling MI 49738-1312

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

Name of Employer Mercy Hospital Grayling
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 19059327

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Barbara Rossmann	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 15855 19 Mile Road	Transaction ID: 19059328
	City State Zip Code Clinton Township MI 48038-3504	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Henry Ford Macomb Hospitals President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Mr. Frank J Sardone	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 601 John Street	Transaction ID: 19059329
	City State Zip Code Kalamazoo MI 49007-5341	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bronson Methodist Hospital President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dale Sowders	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 602 Michigan Avenue	Transaction ID: 19059330
	City State Zip Code Holland MI 49423-4918	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Holland Hospital President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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 21 / 80
(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. Terry L Steele

Mailing Address 602 Michigan Avenue

City State Zip Code
Holland MI 49423-4918

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

Name of Employer Occupation
Holland Hospital Vice President Finance and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059331

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1500 East Medical Center Drive

City State Zip Code
Ann Arbor MI 48109-5000

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

Name of Employer Occupation
University of Michigan Hospitals and Health Centers Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: 19059332

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dennis A Swan

Mailing Address 1215 East Michigan Avenue

City State Zip Code
Lansing MI 48912-1811

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

Name of Employer Occupation
Sparrow 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
04 / 01 / 2011

Transaction ID: 19059333

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 22 / 80
	<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) Mrs. Patti Van Dort		Date of Receipt MM / DD / YYYY 04 / 01 / 2011		
	Mailing Address 2629 Floral Drive		Transaction ID: 19059334		
	City Zeeland	State MI	Zip Code 49464-9107	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Holland Hospital	Occupation VP Nursing	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Mr. Patrick R Wardell		Date of Receipt MM / DD / YYYY 04 / 01 / 2011		
	Mailing Address One Hurley Plaza		Transaction ID: 19059335		
	City Flint	State MI	Zip Code 48503-5902	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hurley Medical Center	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 750.00		

C.	Full Name (Last, First, Middle Initial) Ms. Leticia Towns		Date of Receipt MM / DD / YYYY 04 / 01 / 2011		
	Mailing Address 877 Jefferson Avenue		Transaction ID: 19059338		
	City Memphis	State TN	Zip Code 38103-2807	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Regional Medical Center at Memphis	Occupation VP, Government Relations & Public Poli	Aggregate Year-to-Date 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 23 / 80
(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 H. McClure

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

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

Name of Employer Tennessee Hospital Association Occupation Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 01 / 2011

Transaction ID: 19059342

Amount of Each Receipt this Period 350.00

B.

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

Mailing Address 500 Interstate Blvd. S

City Nashville State TN Zip Code 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 ▼ 300.00

Date of Receipt 04 / 01 / 2011

Transaction ID: 19059343

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edgar J Curtis

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2011

Transaction ID: 19059350

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 80
	<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. Michael S Eesley	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 385 Millennium Drive	Transaction ID: 19059352
	City State Zip Code Crystal Lake IL 60012-3761	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centegra Health System President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Kevin R. England	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 1800 Grist Mill Drive	Transaction ID: 19059353
	City State Zip Code Springfield IL 62711-8113	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Health System Vice President, Business Development	
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. Beth Garrow	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 6419 South Garfield Avenue	Transaction ID: 19059354
	City State Zip Code Burr Ridge IL 60527-5237	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Provena Saint Joseph Medical Center VP, Foundation	
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 80
	<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 Kay	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 701 North First Street	Transaction ID: 19059356
	City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Health System Senior Vice President and Chief Financial 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. Scott Kiriakos	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 701 North First Street	Transaction ID: 19059357
	City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Health System Vice President Managed Care	
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. Douglas L Rahn	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 701 North First Street	Transaction ID: 19059360
	City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Health System Senior Vice President and Chief Operating 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 26 / 80
(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 G Parrish, FACHE

Mailing Address 118 East Haskell Street

City State Zip Code
Winnemucca NV 89445-3247

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

Name of Employer Humboldt General Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 19069546

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 225 Ariel Heights

City State Zip Code
Charleston WV 25311-1143

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

Name of Employer West Virginia Hospital Association Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 19069556

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Medical Center Drive

City State Zip Code
Morgantown WV 26506-4749

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

Name of Employer West Virginia University Hospitals Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 19069557

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 27 / 80
(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. Gail Lovinger

Mailing Address 2225 Simpson

City State Zip Code
Evanston IL 60201-3006

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President Association Governance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 19069562

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Debbie J. Bowen, FACHE, CAE

Mailing Address 622 Sheridan Square
Unit 3

City State Zip Code
Evanston IL 60202-4751

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

Name of Employer American College of Healthcare Executi
Occupation Executive Vice President & COP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 19069922

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Linda S. Quick

Mailing Address 1530 Gabriel Street

City State Zip Code
Hollywood FL 33020-3228

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

Name of Employer South Florida Hospital Association, In
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 19070043

Amount of Each Receipt this Period
150.00

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 28 / 80
(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 Jonathan B Perlin, MD, PhD

Mailing Address One Park Plaza

City State Zip Code
Nashville TN 37203-6527

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

Name of Employer Occupation
HCA President, Clinical and Physician Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: 19070060

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas J. Bonner, FACHE

Mailing Address P.O. Box 679010

City State Zip Code
Austin TX 78767-9010

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: 19070063

Amount of Each Receipt this Period
1000.00

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 ▼ 375.40

Date of Receipt
MM / DD / YYYY
04 / 13 / 2011

Transaction ID: 19070082

Amount of Each Receipt this Period
41.64

SUBTOTAL of Receipts This Page (optional) ► **2041.64**

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: (check only one)	PAGE 29 / 80
	<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. Stacy Barstad	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 251 Fifth Street East	Transaction ID: 19070269
	City State Zip Code Tracy MN 56175-1536	Amount of Each Receipt this Period 72.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sanford Tracy Medical Center Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.00	

B.	Full Name (Last, First, Middle Initial) Ms. Mary J Klimp	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 301 Second Street NE	Transaction ID: 19070273
	City State Zip Code New Prague MN 56071-1709	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Queen of Peace Hospital Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. James Morris	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 301 Second Street Northeast	Transaction ID: 19070275
	City State Zip Code New Prague MN 56071-1709	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Queen of Peace Hospital Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	822.50
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 / 80
(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 A Nelson

Mailing Address 2400 St Francis Drive

City Breckenridge State MN Zip Code 56520-1025

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: 19070276
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Laura J. Redoutey, FACHE

Mailing Address 1863 Folkways

City Lincoln State NE Zip Code 68521-5077

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

Name of Employer Nebraska Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: 19101209
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. William T Moore

Mailing Address 303 Parkway Drive NE

City Atlanta State GA Zip Code 30312-1212

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

Name of Employer Atlanta Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: 19101215
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 31 / 80

(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. Charles H Orrick

Mailing Address 102 Hospital Circle

City State Zip Code
Donalsonville GA 39845-1100

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

Name of Employer Occupation
Donalsonville Hospital Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 19101219

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Post Office Box 44

City State Zip Code
Dalton GA 30722-0044

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

Name of Employer Occupation
Hamilton Medical Center Board Chairman

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 19101221

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address P O Box 1048

City State Zip Code
Vidalia GA 30475-1048

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

Name of Employer Occupation
Meadows Regional Medical Center Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 19101235

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 32 / 80
(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. A Donald Faulk, JrFACHE

Mailing Address 777 Hemlock Street

City Macon State GA Zip Code 31201-2102

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

Name of Employer Medical Center of Central Georgia Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: 19101240
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1350 Walton Way

City Augusta State GA Zip Code 30901-2612

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: 19101242
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard Howerton

Mailing Address 3365 W Paces Ferry Ct NW

City Atlanta State GA Zip Code 30327-2228

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

Name of Employer VHA Georgia, Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: 19101243
 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 33 / 80

(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. Gerald N Fulks

Mailing Address 1514 Vernon Road

City State Zip Code
Lagrange GA 30240-4131

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

Name of Employer Occupation
West Georgia Health 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
0 4 / 0 7 / 2 0 1 1

Transaction ID: 19101244

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code
Lohman MO 65053-9353

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

Name of Employer Occupation
Missouri Hospital Association President and CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 19101254

Amount of Each Receipt this Period

125.00

C.

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

Mailing Address 339 Cottage Hill

City State Zip Code
Elmhurst IL 60126-3332

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

Name of Employer Occupation
American College of Healthcare Executives President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 19101266

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 80
	<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. Donald J Rush	Date of Receipt MM / DD / YYYY 04 / 12 / 2011
	Mailing Address 1915 East Rezanof Drive	Transaction ID: 19101267
	City State Zip Code Kodiak AK 99615-6602	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Providence Kodiak Island Medical Centre Occupation: Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Beth Ann Taylor, RN, MBA, N	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 16 Dodge Place	Transaction ID: 19101272
	City State Zip Code Grosse Pointe MI 48230-1939	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: John D. Dingell Veterans Affairs Medic Occupation: Associate Director, Patient Care Servi 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. Gladys M. Campbell	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 2220 NW Aspen Avenue	Transaction ID: 19101273
	City State Zip Code Portland OR 97210-1219	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Northwest Organization of Nurse Execut Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 / 80
(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. Rita M. Turley, MS, RN

Mailing Address 351 Morningside Lane North

City State Zip Code
Billings MT 59105-2873

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

Name of Employer Occupation
Turley Consulting President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: 19101277

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Ms. Rhonda Anderson, RN, DNSc,

Mailing Address 1400 South Dobson Road

City State Zip Code
Mesa AZ 85202-4707

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

Name of Employer Occupation
Cardon Children's Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: 19101278

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Ms. Maureen Swick, RN, PHD, N

Mailing Address 8110 Gatehouse Road Suite 200E

City State Zip Code
Falls Church VA 22042-1210

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

Name of Employer Occupation
Inova Health System Vice President, Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: 19101280

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 80
(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. Deborah Yancer

Mailing Address 5610 Rowland Rd.
Suite 100

City State Zip Code
Minnetonka Mills MN 55343-8905

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

Name of Employer Creative Health Care Management
Occupation Consultant & Client Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: 19101281

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia J. Crome, MN, RN, FA

Mailing Address 117 East Louisa Street
#153

City State Zip Code
Seattle WA 98102-3203

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

Name of Employer Rona Consulting
Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: 19101282

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 2550 University Avenue W.
Suite 350-S

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 Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: 19101292

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 80
(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. Matthew Anderson, JD

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
Vice Pres, Regulatory/Strategic Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.82

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: 19101294

Amount of Each Receipt this Period
230.82

B.

Full Name (Last, First, Middle Initial)
Ms. Mary-Anne Ponti

Mailing Address 3070 Morford Road

City State Zip Code
Petoskey MI 49770-9234

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

Name of Employer
Northern Michigan Regional Hospital

Occupation
COO & Chief Nursing Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101303

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr William T Manson

Mailing Address 800 N. Fant St.

City State Zip Code
Anderson SC 29621-5708

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

Name of Employer
AnMed Health

Occupation
EVP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101304

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1480.82**

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: (check only one)	PAGE 38 / 80
	<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 A Miller, Jr FACHE	Date of Receipt MM / DD / YYYY 04 / 25 / 2011
	Mailing Address 1 Spring Back Way	Transaction ID: 19101305
	City State Zip Code Anderson SC 29621-2676	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AnMed Health Rehabilitation Hospital Occupation President 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. Costa Cockfield, RN, MSN, C	Date of Receipt MM / DD / YYYY 04 / 25 / 2011
	Mailing Address 805 Pamplico Highway	Transaction ID: 19101306
	City State Zip Code Florence SC 29505-6047	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carolinas Hospital System Occupation Chief Nursing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. James F O'Loughlin	Date of Receipt MM / DD / YYYY 04 / 25 / 2011
	Mailing Address P O Box 100550	Transaction ID: 19101307
	City State Zip Code Florence SC 29501-0550	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carolinas Hospital System Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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 39 / 80

(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. Patricia C Robinson

Mailing Address 300 Ridge Medical Plaza

City State Zip Code
Edgefield SC 29824-4525

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

Name of Employer Occupation
Edgefield County Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 19101308

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address Drawer 421718

City State Zip Code
Georgetown SC 29442-4203

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

Name of Employer Occupation
Georgetown Memorial Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 19101309

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mark O'Neil, Jr.

Mailing Address 25 Hospital Center Boulevard

City State Zip Code
Hilton Head Island SC 29926-2738

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

Name of Employer Occupation
Hilton Head Hospital President/Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 19101310

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 40 / 80
	<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 P Montgomery		Date of Receipt
	Mailing Address 169 Ashley Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 1 1
	City	State	Zip Code
	Charleston	SC	29425-5836
	FEC ID number of contributing federal political committee. C		Transaction ID: 19101311
Name of Employer MUSC Medical Center of Medical Univers		Occupation Administrator Finance and Support Serv	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 ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward		Date of Receipt
	Mailing Address 298 Memorial Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 1 1
	City	State	Zip Code
	Seneca	SC	29672-9499
	FEC ID number of contributing federal political committee. C		Transaction ID: 19101312
Name of Employer Oconee 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 ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE		Date of Receipt
	Mailing Address 125 Doughty Street Suite 760		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 1 1
	City	State	Zip Code
	Charleston	SC	29403-5736
	FEC ID number of contributing federal political committee. C		Transaction ID: 19101314
Name of Employer Roper Hospital		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 ▼ 750.00	<input type="text"/> 750.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
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 41 / 80
(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. Thomas C Dandridge

Mailing Address 3000 St Matthews Road

City State Zip Code
Orangeburg SC 29118-1442

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

Name of Employer Regional Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101315

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 393 Stonebrook Drive

City State Zip Code
Galax VA 24333-6236

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

Name of Employer Twin County Regional Hospital Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101316

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 1701 North George Mason Drive

City State Zip Code
Arlington VA 22205-3610

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

Name of Employer Virginia Hospital Center - Arlington Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101318

Amount of Each Receipt this Period
350.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 80
	<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 L Dixon, Jr.		Date of Receipt MM / DD / YYYY 04 / 25 / 2011		
	Mailing Address P O Box 2028		Transaction ID: 19101320		
	City Chesapeake	State VA	Zip Code 23327-2028	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chesapeake Regional Medical Center	Occupation Chief Operating Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Dr. Barry L Gross, MD		Date of Receipt MM / DD / YYYY 04 / 25 / 2011		
	Mailing Address 701 Town Center Drive, Suite 1000		Transaction ID: 19101321		
	City Newport News	State VA	Zip Code 23606-4286	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Riverside Health System	Occupation Executive Vice President and Chief Med			
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. R Edward Howell		Date of Receipt MM / DD / YYYY 04 / 25 / 2011		
	Mailing Address P O Box 800809		Transaction ID: 19101322		
	City Charlottesville	State VA	Zip Code 22908-0809	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Virginia Medical Center	Occupation Vice President and Chief Executive Off			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 379 Dorwin Drive

City Norfolk State VA Zip Code 23502-5707

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: 19101323
Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Christopher O'Brien

Mailing Address 204 Kent Oaks Mews

City Gaithersburg State MD Zip Code 20878-5723

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

Name of Employer Virginia Hospital Center - Arlington Occupation Vice President, Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: 19101324
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith E Heuser

Mailing Address 570 Chautauqua Boulevard

City Valley City State ND Zip Code 58072-3145

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

Name of Employer Mercy Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: 19101325
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 44 / 80
(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. Lois Garner

Mailing Address 1400-6 Lake Pointe Way

City State Zip Code
Centerville OH 45459-5850

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

Name of Employer Occupation
Kettering Medical Center Nurse Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101326

Amount of Each Receipt this Period
425.00

B.

Full Name (Last, First, Middle Initial)
Ms. Deborah A. Grant, RN, BSN, M

Mailing Address 917 North Shore Court

City State Zip Code
High Point NC 27265-1301

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

Name of Employer Occupation
Moses Cone Health System Vice President, Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: 19101333

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 295 Varnum Avenue

City State Zip Code
Lowell MA 01854-2134

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

Name of Employer Occupation
Lowell General Hospital Vice President & Chief Financial Offic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
MM / DD / YYYY
04 / 19 / 2011

Transaction ID: 19101771

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional) ► **1037.50**

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 45 / 80
	<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. Winfield Brown		Date of Receipt	
	Mailing Address 49 Village View Road		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: 19101778
	Westford	MA	01886-2359	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		262.50	
Name of Employer Lowell General Hospital		Occupation Vice President, Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50		

B.	Full Name (Last, First, Middle Initial) Ms. Donna Doherty		Date of Receipt	
	Mailing Address 275 Sandwich Street		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: 19101779
	Plymouth	MA	02360-2183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		262.50	
Name of Employer Jordan Hospital		Occupation Vice President of Nursing & CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50		

C.	Full Name (Last, First, Middle Initial) Mr. John Fernandez		Date of Receipt	
	Mailing Address 5 Otis Street		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: 19101780
	Needham	MA	02492-3403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Brigham and Women's Hospital		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	1275.00
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 / 80
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph White, III

Mailing Address 10 Lakeside Terrace

City State Zip Code
Westford MA 01886-1392

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

Name of Employer Occupation
Lowell General Hospital Executive Vice President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

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

Transaction ID: 19101783

Amount of Each Receipt this Period
375.00

B.

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

Mailing Address P O Box 1009

City State Zip Code
Socorro NM 87801-1009

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

Name of Employer Occupation
Socorro General Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 19101818

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. John P. Sheridan, Jr.

Mailing Address 49 Meadow Run Drive

City State Zip Code
Skillman NJ 08558-1711

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

Name of Employer Occupation
Cooper Health System President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 19101819

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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 / 80

(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. Stephen K Jones

Mailing Address 1 Robert Wood Johnson Place

City State Zip Code
New Brunswick NJ 08901-1928

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

Name of Employer Occupation
Robert Wood Johnson Health System & Ne 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
0 4 / 2 2 / 2 0 1 1

Transaction ID: 19101820

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Craig J Broman

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1901

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

Name of Employer Occupation
St. Cloud Hospital President

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: 19116593

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Christopher S. Bailey

Mailing Address 2814 Northlake Drive

City State Zip Code
Richmond VA 23233-3320

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

Name of Employer Occupation
Virginia Hospital & Health-care Associa Senior Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: 19116616

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 / 80
(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 Malone

Mailing Address 11405 Havernen Road

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
Virginia Hospital Center - Arlington Vice President

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

Date of Receipt
MM / DD / YYYY
04 / 27 / 2011

Transaction ID: 19116617

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Dr J Thomas Ryan, MD, MHSA

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code
Fredericksburg VA 22401-4453

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

Name of Employer Occupation
Mary Washington Hospital Executive Vice President and Chief Med

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

Date of Receipt
MM / DD / YYYY
04 / 27 / 2011

Transaction ID: 19116618

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Daniel J. Perdue

Mailing Address 2005 Warren Avenue
Post Office Box 249

City State Zip Code
Cheyenne WY 82001-3725

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

Name of Employer Occupation
Wyoming Hospital Association President

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

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: 19116622

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 80
	<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. Vickie Diamond	Date of Receipt MM / DD / YYYY 04 / 08 / 2011
	Mailing Address 1233 East Second Street	Transaction ID: 19116623
	City State Zip Code Casper WY 82601-2926	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Wyoming 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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Susan L. Bowar-Ferres, PhD, RN	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address P.O. Box 137	Transaction ID: 19116626
	City State Zip Code New Rochelle NY 10802-0137	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NYU Langone Medical Center	Occupation Senior Vice President	
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. Douglas A Duchak	Date of Receipt MM / DD / YYYY 04 / 04 / 2011
	Mailing Address 350 Engle Street	Transaction ID: 19117599
	City State Zip Code Englewood NJ 07631-1808	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Englewood Hospital and 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 ▼ 750.00	

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 50 / 80
(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 Maron

Mailing Address 718 Teaneck Road

City Teaneck State NJ Zip Code 07666-4245

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 19117600

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Audrey Meyers

Mailing Address 223 North Van Dien Avenue

City Ridgewood State NJ Zip Code 07450-2726

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 19117601

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 1350 Campus Parkway

City Wall Township State NJ Zip Code 07753-6821

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

Name of Employer Meridian Health Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 19117602

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1140 Route 72 West

City State Zip Code
Manahawkin NJ 08050-2412

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

Name of Employer Southern Ocean Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 19117603

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Leslie D Hirsch, FACHE

Mailing Address 25 Pocono Road

City State Zip Code
Denville NJ 07834-2954

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

Name of Employer Saint Clare's Health System Occupation President and Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 19117604

Amount of Each Receipt this Period
500.00

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

Mailing Address 47 Murray Hill Square

City State Zip Code
New Providence NJ 07974-1531

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

Name of Employer St. Mary's Hospital Occupation President & CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 19117605

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 52 / 80
(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. Amy B Mansue

Mailing Address 200 Somerset Street

City State Zip Code
New Brunswick NJ 08901-1942

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

Name of Employer Children's Specialized Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2011

Transaction ID: 19117606

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 34 Federal City Road

City State Zip Code
Ewing NJ 08638-1321

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

Name of Employer Saint Peter's University Hospital
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2011

Transaction ID: 19117607

Amount of Each Receipt this Period
750.00

C.

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

Mailing Address 2100 Wescott Drive

City State Zip Code
Flemington NJ 08822-4603

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

Name of Employer Hunterdon 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
04 / 29 / 2011

Transaction ID: 19117694

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 80
(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. 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
0 4 / 2 9 / 2 0 1 1

Transaction ID: 19117721

Amount of Each Receipt this Period
500.00

B.

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR1045726225058

Amount of Each Receipt this Period
80.00

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

C.

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 Occupation
American Hospital Association-Washingt VP Research Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR1057462125058

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 80
	<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 Slotman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR1384065325058
	City Washington	State DC	Zip Code 20004-2802
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.44
	Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Federal Relations	P/R Deduction (\$42.72 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.76		

B.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address One North Franklin		Transaction ID: PR1492459925058
	City Chicago	State IL	Zip Code 60606-3436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.66
	Name of Employer American Hospital Association-Chicago	Occupation Associate Executive Director - ASHHRA	P/R Deduction (\$40.86 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.89		

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 1
	Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR1671258625058
	City Washington	State DC	Zip Code 20004-2801
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director, Policy	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	▶	247.10
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 / 80
(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 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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR1677512425058

Amount of Each Receipt this Period
80.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2801

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR1819487925058

Amount of Each Receipt this Period
80.00

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

C.

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR327629125058

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: PAGE 56 / 80
(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. 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 ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 1 1

Transaction ID: PR327745925058

Amount of Each Receipt this Period 40.00

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

B. 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 ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 1 1

Transaction ID: PR327777825058

Amount of Each Receipt this Period 80.00

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

C. 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 ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 1 1

Transaction ID: PR327812025058

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858025058
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. John F. Barry	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address One North Franklin	Transaction ID: PR327877825058
	City Millis State MA Zip Code 60606-3436	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 130 North Garland Court #3002	Transaction ID: PR327895725058
	City Chicago State IL Zip Code 60602-4750	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	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: PAGE 58 / 80
(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. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR328132825058
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B.

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

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR328136925058
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR328223825058
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: PAGE 59 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard J. 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 ▼ 320.00

Date of Receipt 04 / 30 / 2011

Transaction ID: PR328260925058

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 ▼ 320.00

Date of Receipt 04 / 30 / 2011

Transaction ID: PR328341825058

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 ▼ 320.00

Date of Receipt 04 / 30 / 2011

Transaction ID: PR328511825058

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: PAGE 60 / 80
(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. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation President & CEO, AHA Solutions, Inc. &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR328913325058

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR329071325058

Amount of Each Receipt this Period
80.00

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

C.

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: PR329215725058

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: PAGE 61 / 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. 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 ▼ 320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

Transaction ID: PR330475425058

Amount of Each Receipt this Period 80.00

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

B. 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 ▼ 320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

Transaction ID: PR330549225058

Amount of Each Receipt this Period 80.00

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

C. 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 ▼ 320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

Transaction ID: PR331304225058

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: PAGE 62 / 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alex R. White, Sr.
Mailing Address 6225 US Hwy 290 E
City Austin State TX Zip Code 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 ▼ 480.00
Date of Receipt 04 / 30 / 2011
Transaction ID: PR331416025058
Amount of Each Receipt this Period 120.00
P/R Deduction (\$60.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls St.
City Falls Church State VA Zip Code 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 ▼ 320.00
Date of Receipt 04 / 30 / 2011
Transaction ID: PR331533225058
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin
City Chicago State IL Zip Code 60606-3436
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00
Date of Receipt 04 / 30 / 2011
Transaction ID: PR346168125058
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 280.00
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 / 80	
	(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"/> 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. Megan Cundari		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: PR518031925058
Name of Employer American Hospital Association-Washingt		Amount of Each Receipt this Period
Occupation Senior Associate Director		<input type="text"/> 82.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 296.88	P/R Deduction (\$41.36 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 82.72
TOTAL This Period (last page this line number only)	<input type="text"/> 64769.78

**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 64 / 80
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC	Date of Receipt MM / DD / YYYY 04 / 04 / 2011
	Mailing Address One Empire Drive	Transaction ID: 19017655
	City State Zip Code Rensselaer NY 12144	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C C00160259	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00

B.	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal	Date of Receipt MM / DD / YYYY 04 / 05 / 2011
	Mailing Address 1215 K Street Suite 800	Transaction ID: 19059371
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. C C00237495	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85000.00

C.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)	Date of Receipt MM / DD / YYYY 04 / 13 / 2011
	Mailing Address Post Office Box 8600	Transaction ID: 19065402
	City State Zip Code Harrisburg PA 17105-8600	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. C C00128082	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60000.00

SUBTOTAL of Receipts This Page (optional)	65000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 80
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) California Healthcare Association PAC - Federal		Date of Receipt
Mailing Address 1215 K Street Suite 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 9 / 2 0 1 1
City State Zip Code Sacramento CA 95814		Transaction ID: 19069543
FEC ID number of contributing federal political committee. C C00237495		Amount of Each Receipt this Period 20000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105000.00	

B.

Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)		Date of Receipt
Mailing Address Post Office Box 8600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 5 / 2 0 1 1
City State Zip Code Harrisburg PA 17105-8600		Transaction ID: 19074500
FEC ID number of contributing federal political committee. C C00128082		Amount of Each Receipt this Period 10000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70000.00	

SUBTOTAL of Receipts This Page (optional)	30000.00
TOTAL This Period (last page this line number only)	95000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 66 / 80	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 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.		Date of Receipt																					
	Mailing Address 1400 G Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	9		2	0	1	1														
	City State Zip Code Washington DC 20005		Transaction ID: 19109985																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.63																						
Name of Employer Occupation		Interest Earned																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.28																						

SUBTOTAL of Receipts This Page (optional)	▶	73.63
TOTAL This Period (last page this line number only)	▶	73.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 67 / 80	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Terri Sewell For Congress		Date of Receipt	
	Mailing Address P.O. Box 1964		M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: 19116619
	Birmingham	AL	35201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		2500.00	
	Name of Employer		Occupation	
Receipt For: 2010		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		2500.00		
<input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re		Refund of 2010 General Debt Retirement Contribution		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	2500.00

**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) Cooper For Congress	Transaction ID: 19069553 Date of Disbursement
	Mailing Address 236 Massachusetts Avenue NE Suite 603	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Rep. Jim Cooper	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 19069555 Date of Disbursement
	Mailing Address PO Box 87	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Rep. James W. Gerlach	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Michaud For Congress	Transaction ID: 19069558 Date of Disbursement
	Mailing Address 213 Lisbon St	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael H. Michaud	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Contribution
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
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)

<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 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: House
 Senate
 President

State: CA District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19069560
Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Bill Owens For Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bill Owens

Office Sought: House
 Senate
 President

State: NY District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19069561
Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City Chattanooga State TN Zip Code 37403

Purpose of Disbursement
Contribution

Candidate Name
Sen. Robert Corker

Office Sought: House
 Senate
 President

State: TN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19069563
Date of Disbursement

04 / 14 / 2011

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)

<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) Norm Dicks For Congress Committee</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Norman D. Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19069564 Date of Disbursement: 04 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Hawkeye PAC</p> <p>Mailing Address P.O.Box 7255</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Hawkeye PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19069583 Date of Disbursement: 04 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2011 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tuesday Group PAC</p> <p>Mailing Address PO Box 40385</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Tuesday Group PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19069585 Date of Disbursement: 04 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>2011 Contribution</p>

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

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

Office Sought: House
 Senate
 President

State: MA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19069586

Date of Disbursement

04 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gwendolynne Moore

Office Sought: House
 Senate
 President

State: WI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19069587

Date of Disbursement

04 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Erik Paulsen

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

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

Candidate Name
Rep. Erik P. Paulsen

Office Sought: House
 Senate
 President

State: MN District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19069588

Date of Disbursement

04 / 08 / 2011

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Transaction ID: 19069589
Date of Disbursement

Mailing Address PO Box 1091

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

City Hood River State OR Zip Code 97031

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Rep. Gregory P. Walden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Contribution

State: OR District: 02

B.

Full Name (Last, First, Middle Initial)
Feinstein For Senate

Transaction ID: 19069590
Date of Disbursement

Mailing Address 1212 S Victory Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

City Burbank State CA Zip Code 91502

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

2000.00

Candidate Name
Sen. Dianne Feinstein

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Contribution

State: CA District:

C.

Full Name (Last, First, Middle Initial)
Friends Of Jeb Hensarling

Transaction ID: 19069591
Date of Disbursement

Mailing Address PO Box 820504

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

City Dallas State TX Zip Code 75382

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Rep. Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Contribution

State: TX District: 05

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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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) Bralley For Congress	Transaction ID: 19078569 Date of Disbursement 04 / 25 / 2011
	Mailing Address PO Box 390	Amount of Each Disbursement this Period 5000.00
	City Waterloo State IA Zip Code 50704	
	Purpose of Disbursement Contribution Candidate Name Rep. Bruce Bralley	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Hoosiers For Rokita	Transaction ID: 19078570 Date of Disbursement 04 / 25 / 2011
	Mailing Address 7643 East U.S. 36	Amount of Each Disbursement this Period 500.00
	City Avon State IN Zip Code 46123	
	Purpose of Disbursement Contribution Candidate Name Rep. Theodore Rokita	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Dirigo PAC	Transaction ID: 19111030 Date of Disbursement 04 / 28 / 2011
	Mailing Address P.O. Box 1355	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement 2011 Contribution Candidate Name Dirigo PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2011 Contribution

SUBTOTAL of Disbursements This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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) The Madison PAC</p> <p>Mailing Address 235 State Street #206</p> <p>City Springfield State MA Zip Code 01103</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name The Madison PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 19111088</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>2011 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Butterfield For Congress</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. George K. Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 01</p>	<p>Transaction ID: 19111221</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 1600 Roosevelt Avenue Suite 804</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 17</p>	<p>Transaction ID: 19111329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

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) 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) 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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19111376 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee <hr/> Mailing Address P.O. Box 391 <hr/> City Hopkinsville State KY Zip Code 42241 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19111504 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Costello For Congress Committee <hr/> Mailing Address P. O. Box 8250 <hr/> City Belleville State IL Zip Code 62222 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jerry F. Costello Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19111566 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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

A.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner <hr/> Mailing Address 201 North Union Street Suite 300 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution 011 Candidate Name Sen. Mark Robert Warner Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District:	Transaction ID: 19111625 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> <hr/> Contribution	
B.	Full Name (Last, First, Middle Initial) CHC-BOLD PAC:Building our Leadership Diversity PAC <hr/> Mailing Address Post Office Box 310 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2011 Contribution 011 Candidate Name CHC-BOLD PAC:Building our Leadership Diversity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 19111845 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> <hr/> 2011 Contribution	
C.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee <hr/> Mailing Address P.O. Box 391 <hr/> City Hopkinsville State KY Zip Code 42241 <hr/> Purpose of Disbursement Contribution 011 Candidate Name Rep. Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 01	Transaction ID: 19111853 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> <hr/> Contribution	

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Candice Miller For Congress</p> <p>Mailing Address P.O. Box 182152</p> <p>City Shelby Township State MI Zip Code 48318</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Candice S. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19111860 Date of Disbursement 04 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Pete King For Congress Committee</p> <p>Mailing Address Post Office Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Peter T. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19111861 Date of Disbursement 04 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Kelly For Congress</p> <p>Mailing Address PO Box 476</p> <p>City Lyndora State PA Zip Code 16045</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. George Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19111863 Date of Disbursement 04 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</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)

PAGE 78 / 80

<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)
Pat Meehan For Congress

Transaction ID: 19111865

Date of Disbursement

Mailing Address 50 S. Providence Road
PO Box 308

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

City Media State PA Zip Code 19063

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 07

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

56000.00

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19109976 Date of Disbursement: 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/Type</p> <p>Merchant Fees</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19109977 Date of Disbursement: 04 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 57.05</p> <p>001 Category/Type</p> <p>Merchant Fees</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 1601 Elm Street</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 19109978 Date of Disbursement: 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 123.98</p> <p>001 Category/Type</p> <p>Merchant Fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

185.98

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 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: 19109979 Date of Disbursement 04 / 05 / 2011
	Mailing Address 14221 Dallas Parkway Building Two	Amount of Each Disbursement this Period 72.01
	City Dallas State TX Zip Code 75254	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: 19109980 Date of Disbursement 04 / 12 / 2011
	Mailing Address 14221 Dallas Parkway Building Two	Amount of Each Disbursement this Period 100.00
	City Dallas State TX Zip Code 75254	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

C.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.	Transaction ID: 19109981 Date of Disbursement 04 / 19 / 2011
	Mailing Address 1400 G Street, NW	Amount of Each Disbursement this Period 9.58
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

SUBTOTAL of Disbursements This Page (optional)	181.59
TOTAL This Period (last page this line number only)	367.57