

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 5510 Research Park Drive
Post Office Box 259038
 Check if different than previously reported. (ACC)
Madison WI 53725 9038

2. **FEC IDENTIFICATION NUMBER** C00422881
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 10 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Mr. Brian Potter

Signature of Treasurer Electronically Filed by Mr. Brian Potter Date 01 15 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
WI - Wisconsin Hospital Association Federal PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|--------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 268.49 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 1158.49 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 5475.00 | 17200.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 6633.49 | 17468.49 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 6480.00 | 17315.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 153.49 | 153.49 | | | | | | | | |
| 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

WI - Wisconsin Hospital Association Federal PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 4600.00 | 14550.00 |
| (ii) Unitemized | 875.00 | 2650.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 5475.00 | 17200.00 |
| (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) | 5475.00 | 17200.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 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)) | 5475.00 | 17200.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 5475.00 | 17200.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 6400.00 | 17150.00 |
| 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..... | 80.00 | 165.00 |
| 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)).. | 6480.00 | 17315.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6480.00 | 17315.00 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 5475.00 | 17200.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5475.00 | 17200.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(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)
WI - Wisconsin Hospital Association Federal PAC

A.

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

Mailing Address 31 Hawks Court

City State Zip Code
Fond Du Lac WI 54935-8300

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Agnesian HealthCare 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
10 / 02 / 2009

Transaction ID: 17588394

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1809 Jefferson Street

City State Zip Code
Madison WI 53711-2111

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wisconsin Hospital Association Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 05 / 2009

Transaction ID: 17589900

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jonathan Sohn

Mailing Address 195 Westfield Way

City State Zip Code
Pewaukee WI 53072-2560

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wheaton Franciscan Health-care CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2009

Transaction ID: 17618249

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 12
(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)
WI - Wisconsin Hospital Association Federal PAC

| | | | |
|---|---|---------------------|---------------------|
| <p>A. Full Name (Last, First, Middle Initial) Stacie Andritsch</p> <p>Mailing Address 35300 Pabst Road</p> <p>City State Zip Code Oconomowoc WI 53066-4516</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Wheaton Franciscan Health-care Occupation: Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p> | <p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 9 / 2 0 0 9</td> </tr> </table> </p> <p>Transaction ID: 17618252</p> <p>Amount of Each Receipt this Period 500.00</p> | M M / D D / Y Y Y Y | 1 0 / 1 9 / 2 0 0 9 |
| M M / D D / Y Y Y Y | | | |
| 1 0 / 1 9 / 2 0 0 9 | | | |

| | | | |
|--|---|---------------------|---------------------|
| <p>B. Full Name (Last, First, Middle Initial) Loren Meyer, MD</p> <p>Mailing Address 5322 Piper Lane</p> <p>City State Zip Code Racine WI 53403-9780</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Wheaton Franciscan Health-care Occupation: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p> | <p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 9 / 2 0 0 9</td> </tr> </table> </p> <p>Transaction ID: 17618254</p> <p>Amount of Each Receipt this Period 350.00</p> | M M / D D / Y Y Y Y | 1 0 / 1 9 / 2 0 0 9 |
| M M / D D / Y Y Y Y | | | |
| 1 0 / 1 9 / 2 0 0 9 | | | |

| | | | |
|---|---|---------------------|---------------------|
| <p>C. Full Name (Last, First, Middle Initial) Michael Sanders</p> <p>Mailing Address N4087 Dutch Hollow Road</p> <p>City State Zip Code Monroe WI 53566-9319</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Monroe Clinic Occupation: Hospital Administration</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p> | <p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 8 / 2 0 0 9</td> </tr> </table> </p> <p>Transaction ID: 17634931</p> <p>Amount of Each Receipt this Period 250.00</p> | M M / D D / Y Y Y Y | 1 0 / 2 8 / 2 0 0 9 |
| M M / D D / Y Y Y Y | | | |
| 1 0 / 2 8 / 2 0 0 9 | | | |

| | |
|--|---|
| 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 8 / 12
(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)
WI - Wisconsin Hospital Association Federal PAC

A.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Ms. Cynthia L. Eichman | | Date of Receipt MM / DD / YYYY 10 / 29 / 2009 |
| Mailing Address N13462 County Road M | | Transaction ID: 17649563 |
| City Thorp | State WI | Zip Code 54771-7713 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Ministry Health Care - Our Lady of Vic | Occupation Hospital Administration | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

B.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Mr. Eric Borgerding | | Date of Receipt MM / DD / YYYY 10 / 29 / 2009 |
| Mailing Address 325 Glacier Ridge Tr | | Transaction ID: 17649567 |
| City Verona | State WI | Zip Code 53593-1754 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Wisconsin Hospital Association | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

C.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Mr. Paul W. Merline | | Date of Receipt MM / DD / YYYY 11 / 03 / 2009 |
| Mailing Address W12847 Van Ness Road | | Transaction ID: 17681959 |
| City Lodi | State WI | Zip Code 53555-9386 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Wisconsin Hospital Association | Occupation VP-Government Affairs | |
| 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) | 800.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 12 |
| | <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)
WI - Wisconsin Hospital Association Federal PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Daniel Hymans | Date of Receipt MM / DD / YYYY 11 / 03 / 2009 |
| | Mailing Address 2208 Campbell Circle | Transaction ID: 17681960 |
| | City State Zip Code Ashland WI 54806-3640 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Memorial Medical Center - Ashland CEO 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) Gregory Smith | Date of Receipt MM / DD / YYYY 11 / 11 / 2009 |
| | Mailing Address 2115 Possum Court | Transaction ID: 17701382 |
| | City State Zip Code Brookfield WI 53045-4723 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Wheaton Franciscan Health-care Hospital Administration 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. Nicholas Desien | Date of Receipt MM / DD / YYYY 11 / 30 / 2009 |
| | Mailing Address 4686 N. Lake Drive | Transaction ID: 17720895 |
| | City State Zip Code Whitefish Bay WI 53211-1254 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Ministry Health Care Hospital Administrator 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: (check only one) | PAGE 10 / 12 |
| | <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)
WI - Wisconsin Hospital Association Federal PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Ronald Mohorek | Date of Receipt MM / DD / YYYY 11 / 30 / 2009 |
| | Mailing Address W238 N3346 Pine Hill Ct | Transaction ID: 17720896 |
| | City State Zip Code Pewaukee WI 53072-4091 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Ministry Health Care Occupation Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Maureen McNally | Date of Receipt MM / DD / YYYY 12 / 04 / 2009 |
| | Mailing Address 6029 North Shoreland | Transaction ID: 17785599 |
| | City State Zip Code Whitefish Bay WI 53217-4662 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Froedtert Memorial Lutheran Hospital Occupation Director Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Jennifer J. Boese | Date of Receipt MM / DD / YYYY 12 / 23 / 2009 |
| | Mailing Address 6898 Avalon Lane | Transaction ID: 17827752 |
| | City State Zip Code Madison WI 53719-6203 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Wisconsin Hospital Association Occupation VP, External Relations & Member Advocacy 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) | 4600.00 |

**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)
WI - Wisconsin Hospital Association Federal PAC

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC | Transaction ID: 17588570 Date of Disbursement |
| | Mailing Address 325 Seventh Street, N.W. Suite 700 | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="700.00"/> |
| | Candidate Name AHAPAC-American Hospital Association Federal PAC | <input type="text" value="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) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC | Transaction ID: 17622688 Date of Disbursement |
| | Mailing Address 325 Seventh Street, N.W. Suite 700 | <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2325.00"/> |
| | Candidate Name AHAPAC-American Hospital Association Federal PAC | <input type="text" value="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) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC | Transaction ID: 17701425 Date of Disbursement |
| | Mailing Address 325 Seventh Street, N.W. Suite 700 | <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
| | City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name AHAPAC-American Hospital Association Federal PAC | <input type="text" value="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) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4025.00"/> |
| 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)

WI - Wisconsin Hospital Association Federal PAC

A. Full Name (Last, First, Middle Initial)
AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement

011
Category/
Type

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17789905
Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1825.00

B. Full Name (Last, First, Middle Initial)
AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement

011
Category/
Type

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17827781
Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

550.00

SUBTOTAL of Disbursements This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

6400.00