

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Hospital Association PAC

ADDRESS (number and street) 800 Tenth Street, NW

Two CityCenter, Suite 400

Check if different than previously reported. (ACC)

Washington DC 20001-4956

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00106146

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

01 / 01 / 2019 through 01 / 31 / 2019

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

Hatton, Melinda, , Ms.,

Type or Print Name of Treasurer

Signature of Treasurer Hatton, Melinda, , Ms., [Electronically Filed] Date M M / D D / Y Y Y Y Y Y

02 / 19 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		3474878.18
(b) Cash on Hand at Beginning of Reporting Period.....	3474878.18	
(c) Total Receipts (from Line 19)	35766.94	35766.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3510645.12	3510645.12
7. Total Disbursements (from Line 31).....	74578.82	74578.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3436066.30	3436066.30
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: 01 / 01 / 2019 To: 01 / 31 / 2019

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).....	10859.62	10859.62
(ii) Unitemized	4511.39	4511.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15371.01	15371.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25371.01	25371.01
12. Transfers From Affiliated/Other Party Committees.....	10100.00	10100.00
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.).....	295.93	295.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	35766.94	35766.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35766.94	35766.94

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	578.82	578.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	578.82	578.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74000.00	74000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	74578.82	74578.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74578.82	74578.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25371.01	25371.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25371.01	25371.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	578.82	578.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	578.82	578.82

**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 OF 21
<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. Padin, Maria, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Medical Center Drive

City Lebanon	State NH	Zip Code 03756-1000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2019

Transaction ID : 24825331

Amount of Each Receipt this Period
350.00

Memo Item

B. Prochilo, John, F, Mr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 Butler Street

City Salem	State NH	Zip Code 03079-3925
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northeast Rehabilitation Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2019

Transaction ID : 24829863

Amount of Each Receipt this Period
350.00

Memo Item

C. Marshall, David, R, Dr., CENP,DNP,J
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1319 Wahini St

City Galveston	State TX	Zip Code 77554-6198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Texas Medical Branch	Occupation (for Individual) Vice President & Chief Nursing and Pat
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2019

Transaction ID : 24837823

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Pronger, Derk, F., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1634 Marshbank Drive

City Pontiac	State MI	Zip Code 48340-1076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Munson Healthcare	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		11		2019

Transaction ID : 24884314

Amount of Each Receipt this Period
262.50

Memo Item

B. Mitchell, Chris, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1262 Lake Side Drive

City East Lansing	State MI	Zip Code 48823-2427
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michigan Health & Hospital Association	Occupation (for Individual) Executive Vice President, Advocacy & I
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		11		2019

Transaction ID : 24884315

Amount of Each Receipt this Period
1750.00

Memo Item

C. Carlson, Adam, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1495 Birchwood Drive

City Okemos	State MI	Zip Code 48864-3057
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michigan Health & Hospital Association	Occupation (for Individual) Senior Director, Government & Politica
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		11		2019

Transaction ID : 24884316

Amount of Each Receipt this Period
875.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2887.50
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 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Landon, Beth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7471 Pan American Freeway NE
 City Albuquerque State NM Zip Code 87109-4645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Mexico Hospital Association Occupation (for Individual) Policy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2019
Transaction ID : 24893539
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Churchwell, Kevin, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Rockland Road Suite 2C-50
 City Wilmington State DE Zip Code 19803-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Children's Hospital Occupation (for Individual) President and Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 01 / 16 / 2019
Transaction ID : 24893541
 Amount of Each Receipt this Period 262.50
 Memo Item

C. Gougeon, Michele, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Mill Street
 City Belmont State MA Zip Code 02478-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McLean Hospital Occupation (for Individual) Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 16 / 2019
Transaction ID : 24893542
 Amount of Each Receipt this Period 375.00
 Memo Item

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: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Bilicki, Julia, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Granby St #416
 City Norfolk State VA Zip Code 23510-1658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours-Richmond Community Hospita Occupation (for Individual) Vice President, Bon Secours Hampton I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2019
Transaction ID : 24893545
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Kern, Howard, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6015 Poplar Hall Drive
 City Norfolk State VA Zip Code 23502-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentara Healthcare Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 22 / 2019
Transaction ID : 24893546
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Lembersky, Rae, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2175 SUnset Avenue SW
 City Seattle State WA Zip Code 98116-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Swedish Health Services Occupation (for Individual) Board of Governors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 24 / 2019
Transaction ID : 24893551
 Amount of Each Receipt this Period 600.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Gragnotati, Brian, A, Mr., FACHE

Mailing Address 8199 Bayside Drive

City Pasadena	State MD	Zip Code 21122-5701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Atlantic Health System	Occupation (for Individual) President and Chief Executive Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2019

Transaction ID : 24893660

Amount of Each Receipt this Period
3250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pollack, Richard, J., Mr.,

Mailing Address 3475 North Venice Street

City Arlington	State VA	Zip Code 22207-4446
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Hospital Association-Washingt	Occupation (for Individual) President and Chief Executive Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2019

Transaction ID : PR328260948651

Amount of Each Receipt this Period
384.62

Memo Item

P/R Deduction (\$192.31 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3634.62
TOTAL This Period (last page this line number only).....	10859.62

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. TENET Healthcare Corporation Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 Ross Avenue
Suite 1400

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00119354

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2019

Transaction ID : 24884301

Amount of Each Receipt this Period
5000.00

Memo Item

B. HCA Good Government Fund-Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address On Park Plaza
PO Box 550

City Nashville State TN Zip Code 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2019

Transaction ID : 24884302

Amount of Each Receipt this Period
5000.00

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Montana Hospital Association PAC - Federal Fund

Mailing Address 2625 Winne Ave

City Helena	State MT	Zip Code 59601
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FEC ID number of contributing federal political committee. **C** C00238782

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2019

Transaction ID : 24884300

Amount of Each Receipt this Period
10100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10100.00
TOTAL This Period (last page this line number only).....▶	10100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. TD Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 Seventh Street, NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.93

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2019

Transaction ID : 24896352

Amount of Each Receipt this Period
295.93

Memo Item

Interest Earned

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.93
TOTAL This Period (last page this line number only).....	295.93

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 02 / 2019

FEC Identification Number

Transaction ID : 24896353
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Brady For Congress		Date of Disbursement MM / DD / YYYY 01 / 16 / 2019
Mailing Address PO Box 8277		FEC Identification Number C C00311043 Transaction ID : 24840509
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Brady, Kevin, Patrick, Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. McKinley For Congress		Date of Disbursement MM / DD / YYYY 01 / 16 / 2019
Mailing Address PO Box 642		FEC Identification Number C C00473132 Transaction ID : 24840510
City Morgantown	State WV	Zip Code 26507
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name McKinley, David, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WV	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Nadler For Congress		Date of Disbursement MM / DD / YYYY 01 / 16 / 2019
Mailing Address 200 West 79th Street, #8N		FEC Identification Number C C00290825 Transaction ID : 24840511
City New York	State NY	Zip Code 10024
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name Nadler, Jerrold, L., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 10	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Jason Crow For Congress			Date of Disbursement MM / DD / YYYY 01 / 16 / 2019	
Mailing Address PO Box 32145			FEC Identification Number C C00637363 Transaction ID : 24840513	
City Aurora	State CO	Zip Code 80041	Amount of Each Disbursement this Period 5000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011		
Candidate Name Crow, Jason, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2018 General Debt Re			
State: CO	District: 06			

Full Name (Last, First, Middle Initial) B. Committee To Elect Steve Watkins			Date of Disbursement MM / DD / YYYY 01 / 16 / 2019	
Mailing Address 6021 SW 29th Street Suite A, Box 150			FEC Identification Number C C00660050 Transaction ID : 24840514	
City Topeka	State KS	Zip Code 66614	Amount of Each Disbursement this Period 2000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011		
Candidate Name Watkins, Steve, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2018 General Debt Re			
State: KS	District: 02			

Full Name (Last, First, Middle Initial) C. Treasure State PAC			Date of Disbursement MM / DD / YYYY 01 / 16 / 2019	
Mailing Address PO Box 76187			FEC Identification Number C C00433680 Transaction ID : 24840516	
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period 5000.00 2019 Contribution	
Purpose of Disbursement 2019 Contribution		Category/Type 011		
Candidate Name		Memo Item <input type="checkbox"/>		
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:			

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

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

12000.00

**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"/> 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. ROYB - Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

Mailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2019 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 17 / 2019

FEC Identification Number

C C00344648

Transaction ID : 24875868

Amount of Each Disbursement this Period
2500.00

Memo Item
2019 Contribution

B. Citizens For Boyle

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement
Contribution

Candidate Name

Boyle, Brendan, F., Rep.,

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

Disbursement For: 2020 Primary General Other (specify)

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C C00543363

Transaction ID : 24875981

Amount of Each Disbursement this Period
2000.00

Memo Item
Contribution

C. Chrissy Houlahan For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 222

City Devon State PA Zip Code 19333

Purpose of Disbursement
Contribution

Candidate Name

Houlahan, Chrissy, , ,

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

Disbursement For: 2020 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C C00637371

Transaction ID : 24875982

Amount of Each Disbursement this Period
1000.00

Memo Item
Contribution

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

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

5500.00

**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"/> 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. Scalise For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement Contribution
Candidate Name **Scalise, Steve, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: LA District: 01

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C00394957
Transaction ID : 24875983
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

B. Scanlon For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 263

City Swarthmore State PA Zip Code 19081

Purpose of Disbursement Contribution
Candidate Name **Scanlon, Mary, , ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: PA District: 05

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C00669358
Transaction ID : 24875985
Amount of Each Disbursement this Period: 2500.00
Contribution
 Memo Item

C. Bonnie Watson Coleman For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Watson Coleman, Bonnie, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NJ District: 12

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C00558437
Transaction ID : 24875987
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mad4PA PAC			Date of Disbursement MM / DD / YYYY 01 / 23 / 2019	
Mailing Address 795 Glen Rd			FEC Identification Number C C00670844 Transaction ID : 24875989	
City Jenkintown	State PA	Zip Code 19046	Amount of Each Disbursement this Period 5000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011		
Candidate Name Dean, Madeleine, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2018 Primary Debt Re			
State: PA District: 04				

Full Name (Last, First, Middle Initial) B. Finkenauer For Congress			Date of Disbursement MM / DD / YYYY 01 / 23 / 2019	
Mailing Address P.O. Box 598			FEC Identification Number C C00637074 Transaction ID : 24876355	
City Dubuque	State IA	Zip Code 52004	Amount of Each Disbursement this Period 5000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011		
Candidate Name Finkenauer, Abby, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2018 Primary Debt Re			
State: IA District: 01				

Full Name (Last, First, Middle Initial) C. Andy Kim For Congress			Date of Disbursement MM / DD / YYYY 01 / 23 / 2019	
Mailing Address PO Box 211			FEC Identification Number C C00648220 Transaction ID : 24876844	
City Marlton	State NJ	Zip Code 08053	Amount of Each Disbursement this Period 5000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011		
Candidate Name Kim, Andy, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2018 General Debt Re			
State: NJ District: 03				

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Debbie For Congress

Mailing Address PO Box 566442

City Miami State FL Zip Code 33256

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Mucarsel-Powell, Debbie, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
2018 General Debt Re

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C00652065

Transaction ID : 24878073

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Trahan For Congress Committee

Mailing Address PO Box 1161

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Trahan, Lori, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)
2018 Primary Debt Re

State: MA District: 03

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C00655647

Transaction ID : 24879799

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Wild For Congress

Mailing Address 1636 N Cedar Crest Blvd
#183

City Allentown State PA Zip Code 18104

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Wild, Susan, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
2018 Primary Debt Re

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2019

FEC Identification Number

C00658567

Transaction ID : 24880149

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

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

12500.00

**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"/> 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. Eye of the Tiger PAC

Full Name (Last, First, Middle Initial)

Mailing Address 3100 Ridgelake - Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement 2019 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C00467431

Transaction ID : 24880150

Amount of Each Disbursement this Period: 5000.00

2019 Contribution

Memo Item

B. The Madison PAC

Full Name (Last, First, Middle Initial)

Mailing Address 235 State Street #206

City Springfield State MA Zip Code 01103

Purpose of Disbursement 2019 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C00426809

Transaction ID : 24896449

Amount of Each Disbursement this Period: 5000.00

2019 Contribution

Memo Item

C. Cindy Axne For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 3775 Ep True Parkway P.O. Box 126

City West Des Moines State IA Zip Code 50265

Purpose of Disbursement Contribution

Candidate Name Axne, Cindy, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IA District: 03

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C00646844

Transaction ID : 24897523

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

2018 General Debt Re

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	74000.00