

**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 M / D 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 M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

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

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 19 2015

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 01 2015 To: M M / D D / Y Y Y Y Y Y  
05 31 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">1653206.80</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">2186847.72</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">151039.99</span>	<span style="border: 1px solid black; padding: 2px;">1047019.55</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">2337887.71</span>	<span style="border: 1px solid black; padding: 2px;">2700226.35</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">61695.38</span>	<span style="border: 1px solid black; padding: 2px;">424034.02</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">2276192.33</span>	<span style="border: 1px solid black; padding: 2px;">2276192.33</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 / 01 / 2015

To:

M M / D D / Y Y Y Y Y  
05 / 31 / 2015
**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).....

111548.52

337545.51

(ii) Unitemized .....

38947.21

96981.76

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

150495.73

434527.27

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

150495.73

439527.27

## 12. Transfers From Affiliated/Other

Party Committees.....

350.00

349700.00

## 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

256999.36

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

194.26

792.92

## 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))..... ▶

151039.99

1047019.55

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

151039.99

1047019.55

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	845.38	3484.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	845.38	3484.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	420200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	350.00	350.00
(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)).....	350.00	350.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	61695.38	424034.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61695.38	424034.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	150495.73	439527.27
34. Total Contribution Refunds (from Line 28(d)) .....	350.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	150145.73	439177.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	845.38	3484.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	845.38	-253515.34

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan Nalli**

Mailing Address 2 Woodard Bluff

City

Zionsville

State

IN

Zip Code

46077-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : 15459091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Linda S Quick**

Mailing Address 6030 Hollywood Boulevard, Suite 14

City

Hollywood

State

FL

Zip Code

33024-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Florida Hospital and Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 02 / 2015

Transaction ID : 22455252

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22455254

Amount of Each Receipt this Period

45.50

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

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

895.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Michele L Gougeon**

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

McLean Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 08 / 2015

**Transaction ID : 22455262**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Carmela Coyle**

Mailing Address 6820 Deerpath Road

City

Elkridge

State

MD

Zip Code

21075-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

05 / 01 / 2015

**Transaction ID : 22455266**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**c. Ms Janet Sternberg**

Mailing Address 1233 East Second Street

City

Casper

State

WY

Zip Code

82601-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wyoming Medical Center

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22455267**

Amount of Each Receipt this Period

250.00

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

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

1110.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles E Carr**

Mailing Address 1 Health Circle

City

Lexington

State

VA

Zip Code

24450-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Stonewall Jackson Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : 22455272**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy S. Jennings**

Mailing Address 4715 White Owl Crescenty

City

Chesapeake

State

VA

Zip Code

23321-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Vice President Pharmacy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : 22455273**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark S. Stauder**

Mailing Address 10005 Fox Spring Ct

City

Oakton

State

VA

Zip Code

22124-2658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : 22455274**

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**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne A Smith**

Mailing Address 1280 South Governors Avenue

City  
Dover

State  
DE

Zip Code  
19904-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delaware Healthcare Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2015

**Transaction ID : 22455280**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul Lakeman**

Mailing Address 640 South State Street

City  
Dover

State  
DE

Zip Code  
19901-3597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayhealth Medical Center

Occupation

Senior Vice President Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2015

**Transaction ID : 22455284**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Benjamin Koppelman**

Mailing Address 600 Pleasant Avenue

City  
Park Rapids

State  
MN

Zip Code  
56470-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHI St. Joseph's Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : 22455351**

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimber L Wraalstad FACHE**

Mailing Address 515 5th Avenue West

City

Grand Marais

State

MN

Zip Code

55604-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook County North Shore Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22455354**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Christine A Baratta**

Mailing Address Five 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

Senior VP, Marketing and Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 01 / 2015

**Transaction ID : 22455388**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Ms. Michelle B Davis RN**

Mailing Address 295 Varnum Avenue

City

Lowell

State

MA

Zip Code

01854-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Manager, Community Health & Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 01 / 2015

**Transaction ID : 22455389**

Amount of Each Receipt this Period

262.50

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

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

775.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Randy Doherty CPA**

Mailing Address 250 Pond Street

City

Braintree

State

MA

Zip Code

02184-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Braintree Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : 22455390**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

## **B. Ms. Susan Green**

Mailing Address 295 Varnum Avenue

City

Lowell

State

MA

Zip Code

01854-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Senior Vice President Finance, Chief F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : 22455391**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **C. Mr Michael Hachey**

Mailing Address 8 Comanche Terrace

City

Westford

State

MA

Zip Code

01886-1290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

Senior Vice President, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : 22455392**

Amount of Each Receipt this Period

262.50

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Bruce S Auerbach MD, FACEP**

Mailing Address P.O. Box 2963

City

Attleboro

State

MA

Zip Code

02703-0963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 01 / 2015

**Transaction ID : 22455393**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Ms. Linda Bodenmann**

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 01 / 2015

**Transaction ID : 22455394**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Keith A Hovan**

Mailing Address 316 Marys Pond Rd

City

Rochester

State

MA

Zip Code

02770-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

05 / 01 / 2015

**Transaction ID : 22455395**

Amount of Each Receipt this Period

1125.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Sabrina M Granville**

Mailing Address 155 Lowell Street

City

Dunstable

State

MA

Zip Code

01827-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Senior Vice President and Chief Human

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

Transaction ID : 22455397

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Boone**

Mailing Address 1923 South Utica Avenue

City

Tulsa

State

OK

Zip Code

74104-5445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John Medical Center

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : 22457421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen O Hyde FACHE**

Mailing Address 5602 SW Lee Boulevard

City

Lawton

State

OK

Zip Code

73505-9635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwestern Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : 22457470

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Craig W Jones FACHE

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Oklahoma Hospital Association

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015

Transaction ID : 22457471

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Pamela Kiser RN, MS, CP

Mailing Address 1923 South Utica Avenue

City State Zip Code  
 Tulsa OK 74104-6520

FEC ID number of contributing federal political committee.

C

Name of Employer  
 St. John Medical Center

Occupation  
 Chief Nursing Executive and Vice Presi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015

Transaction ID : 22457472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr H. Lee Kirk

Mailing Address 51 Blossom Street

City State Zip Code  
 Boston MA 02114-2601

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Shriners Hospitals for Children-Boston

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

Transaction ID : 22457489

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara J Doyle RN, MS, MH**

Mailing Address 325 Speen Street #711

City  
Natick

State  
MA

Zip Code  
01760-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MetroWest Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 22457490

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

1300.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 22457491

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Carl Cameron**

Mailing Address 38 Highland Avenue

City

South Hadley

State

MA

Zip Code

01075-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holyoke Medical Center

Occupation

Director Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 22457493

Amount of Each Receipt this Period

375.00

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

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

2050.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Christine M. Gallery**

Mailing Address 14 Greensbriar Road

City

State

Zip Code

Canton

MA

02021-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Emerson Hospital

Vice President, Planning &amp; Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : 22459275

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Ms. Elizabeth Greenspan**

Mailing Address 125 Parker Hill Avenue

City

State

Zip Code

Roxbury Crossing

MA

02120-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

New England Baptist Hospital

Vice President Strategy and Business D

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : 22459276

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. Spiros Hatiras FACHE**

Mailing Address 109 Madison Ave

City

State

Zip Code

Holyoke

MA

01040-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Holyoke Medical Center

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : 22459277

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

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



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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms Joyce Welsh**

Mailing Address 25 Lealand Peck Dr

City

Wrentham

State

MA

Zip Code

02093-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

Associate Chief Nursing Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : 22459709

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald Bryant**

Mailing Address 115 West Silver Street

City

Westfield

State

MA

Zip Code

01085-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Noble Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : 22459712

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. John A Fromhold FACHE**

Mailing Address 333 East Main Street, Suite 300

City

Louisville

State

KY

Zip Code

40202-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack University Medical Center M

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : 22459754

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy J Hogan FACHE**

Mailing Address 105 Hudson Avenue

City

Red Bank

State

NJ

Zip Code

07701-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 22459756

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven G Littleson FACHE**

Mailing Address 55 Fairhaven Road

City

Fair Haven

State

NJ

Zip Code

07704-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 22459761

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Herb B Kuhn**

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22459870

Amount of Each Receipt this Period

125.00

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

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

2075.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel R. Landon**

Mailing Address 1811 Forest Park Court

City State Zip Code  
 Jefferson City MO 65109-9782

FEC ID number of contributing federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 06 2015

Transaction ID : 22459871

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kirby Johnson**

Mailing Address 509 North Madison Street

City State Zip Code  
 Bloomfield IA 52537-1271

FEC ID number of contributing federal political committee.

C

Name of Employer

Davis County 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 Y  
 05 06 2015

Transaction ID : 22459970

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Matt Wille**

Mailing Address 610 10th Street

City State Zip Code  
 Perry IA 50220-2221

FEC ID number of contributing federal political committee.

C

Name of Employer

Dallas County 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 Y  
 05 06 2015

Transaction ID : 22459971

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy Ahlers FACHE**

Mailing Address 500 East Market Street

City

Iowa City

State

IA

Zip Code

52245-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Story County Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22459972**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robb Gardner**

Mailing Address 407 South White Street

City

Mt Pleasant

State

IA

Zip Code

52641-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry County Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22459973**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jim Atty**

Mailing Address P O Box 489

City

Webster

State

SD

Zip Code

57274-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waverly Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22459974**

Amount of Each Receipt this Period

175.00

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

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

525.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22459981**

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Erika Eckley**

Mailing Address 100 East Grand Avenue, Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Government Relations Staff L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22459982**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Maureen Keehnle**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22459985**

Amount of Each Receipt this Period

600.00

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

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

1375.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Laura Malone**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22459986**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City State Zip Code  
Waukee IA 50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22459987**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Dan Royer**

Mailing Address 100 East Grand Avenue

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Advocacy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.47

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22459988**

Amount of Each Receipt this Period

500.00

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

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

1700.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Arthur John Spies II**

Mailing Address 100 E. Grand Ave. Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.43

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : 22459989**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Thomas C Evans M.D.**

Mailing Address 1200 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309-1453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health

Occupation

Vice President and Chief Medical Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : 22459990**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Jon Van Der Veer DO**

Mailing Address 1000 West Lincolnway

City

Jefferson

State

IA

Zip Code

50129-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greene County Medical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : 22459991**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James M Hayes**

Mailing Address 1518 Mulberry Avenue

City

Muscatine

State

IA

Zip Code

52761-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - Trinity Muscatine

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22459993

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steve Slessor**

Mailing Address 1825 Logan Avenue

City

Waterloo

State

IA

Zip Code

50703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buchanan County Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22459995

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brett Altman**

Mailing Address P.O. Box 1006

City

Newton

State

IA

Zip Code

50208-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skiff Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22459997

Amount of Each Receipt this Period

250.00

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

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

750.00



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. J Kirk Norris**

Mailing Address 100 East Grand Avenue, Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22459998**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Bruce MBA, FACHE**

Mailing Address 100 Medical Parkway

City State Zip Code  
Denison IA 51442-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crawford County Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22460000**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael T Donlin FACHE**

Mailing Address 714 Lincoln Street NE

City State Zip Code  
Le Mars IA 51031-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Floyd Valley Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : 22460001**

Amount of Each Receipt this Period

250.00

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

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

1600.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Greg E. Boattenhamer**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22460002**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott McIntyre**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22460003**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Cindy Schultz**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Finance & Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : 22460004**

Amount of Each Receipt this Period

250.00

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

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

1150.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael D Trachta FACHE**

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Cedar Rapids

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22461897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven P Baumert**

Mailing Address P O Box 2C

City

Council Bluffs

State

IA

Zip Code

51502-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Jennie Edmundson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22461898

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Pamela K Delagardelle**

Mailing Address 201 East 'J' Avenue

City

Grundy Center

State

IA

Zip Code

50638-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - Allen Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22461900

Amount of Each Receipt this Period

625.00

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

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

1375.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Theodore E Townsend FACHE**

Mailing Address 1795 Highway 64 East

City

Anamosa

State

IA

Zip Code

52205-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's Hospita

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22461901

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Peter W Thoreen FACHE**

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 22461902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kathleen McGraw**

Mailing Address PO Box 965

City

Montague

State

MA

Zip Code

01351-0965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brattleboro Memorial Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2015

Transaction ID : 22463039

Amount of Each Receipt this Period

250.00

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

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1250.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael E Henze**

Mailing Address 1548 Mockingbird Lane

City

Osage Beach

State

MO

Zip Code

65065-2416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Regional Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 11 / 2015

**Transaction ID : 22463066**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Mr. John D Harryman**

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Brownsboro Hospital

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22463104**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul E Nurick**

Mailing Address 603 South Chestnut Street

City

Ellensburg

State

WA

Zip Code

98926-3875

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kittitas Valley Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22463107**

Amount of Each Receipt this Period

750.00

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

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

1900.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Hugh Greene**

Mailing Address 3518 Hilliard Road

City

Jacksonville

State

FL

Zip Code

32217-4258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : 22463108**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms Arlene McGannon**

Mailing Address 2011 Hawkhurst Circle

City

Sun City Center

State

FL

Zip Code

33573-7303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : 22463109**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr Tim McMahon**

Mailing Address 1316 Preservation Way

City

Oldsmar

State

FL

Zip Code

34677-4824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : 22463110**

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Allen S Weiss MD**

Mailing Address 1221 Gulf Shore Blvd N  
Apt 2

City Naples State FL Zip Code 34102-4922

FEC ID number of contributing federal political committee.

C

Name of Employer  
NCH Downtown Naples Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : 22463112**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Claudio D Fort**

Mailing Address 189 Prouty Drive

City Newport State VT Zip Code 05855-9326

FEC ID number of contributing federal political committee.

C

Name of Employer  
North Country Hospital and Health Cent

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22463122**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven R Gordon**

Mailing Address 17 Belmont Avenue

City Brattleboro State VT Zip Code 05301-7601

FEC ID number of contributing federal political committee.

C

Name of Employer  
Brattleboro Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22463123**

Amount of Each Receipt this Period

500.00

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

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

2100.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas A Dee**

Mailing Address 100 Hospital Drive

City

Bennington

State

VT

Zip Code

05201-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwestern Vermont Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22463124

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judith C Tartaglia**

Mailing Address P O Box 547

City

Barre

State

VT

Zip Code

05641-0547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Vermont Health Network C

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22463125

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Edward Herrman RN, MBAHCM**

Mailing Address 4608 Day Break Ln

City

Enid

State

OK

Zip Code

73703-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integrus Bass Baptist Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 18 / 2015

Transaction ID : 22463243

Amount of Each Receipt this Period

250.00

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1100.00



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Pynn**

Mailing Address 1923 South Utica Avenue

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 18 / 2015

Transaction ID : 22465649

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. William Wyman**

Mailing Address 100 Potash Hill Rd

City State Zip Code  
Tyngsboro MA 01879-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Director of Revenue Cycle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22465667

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. John R Fernandez**

Mailing Address 5 Otis Street

City State Zip Code  
Needham MA 02492-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts Eye and Ear Infirmary

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22465669

Amount of Each Receipt this Period

562.50

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

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

1325.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey W Hillis**

Mailing Address 5 Cold Spring Lane

City

Hudson

State

MA

Zip Code

01749-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adcare Hospital of Worcester

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 15 / 2015

Transaction ID : 22465670

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kim Norton Hollon FACHE**

Mailing Address 680 Centre Street

City

Brockton

State

MA

Zip Code

02302-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Signature Healthcare Brockton Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22465671

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

**c. Mr. Dale M Lodge**

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22466928

Amount of Each Receipt this Period

562.50

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel P Moen**

Mailing Address 20 Sandalwood Drive

City

Wilbraham

State

MA

Zip Code

01095-1544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22466929

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Caldas**

Mailing Address 18 Beechwood Road

City

Mattapoisett

State

MA

Zip Code

02739-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22466930

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. David W Hillis**

Mailing Address 107 Lincoln Street

City

Worcester

State

MA

Zip Code

01605-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adcare Hospital of Worcester

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 15 / 2015

Transaction ID : 22466931

Amount of Each Receipt this Period

375.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Aaron Kugelmass**

Mailing Address 951 Longmeadow Street

City

Longmeadow

State

MA

Zip Code

01106-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Chief, Cardiology Medical Director, H&

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22466932

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Sullivan Smith RN, MS**

Mailing Address 2 Rustic Rd

City

Stoneham

State

MA

Zip Code

02180-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Baptist Hospital

Occupation

Vice President Clinical Operations and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 15 / 2015

Transaction ID : 22466933

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**c. Mr. Robert C Garrett FACHE**

Mailing Address 21 Eagle Nest Road

City

Morristown

State

NJ

Zip Code

07960-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack University Health Network

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 22467058

Amount of Each Receipt this Period

1300.00

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

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

1937.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Gribbin FACHE**

Mailing Address 5 Ephraim Road

City

Clarksburg

State

NJ

Zip Code

08510-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CentraState Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

05 / 22 / 2015

**Transaction ID : 22467059**

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Maron**

Mailing Address 345 Grove Street

City

Oradell

State

NJ

Zip Code

07649-2229

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 ▼

1300.00

Date of Receipt

05 / 22 / 2015

**Transaction ID : 22467063**

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Edward Sullivan ESQ**

Mailing Address 2157 Whitman Court

City

Cinnaminson

State

NJ

Zip Code

08077-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 22 / 2015

**Transaction ID : 22467067**

Amount of Each Receipt this Period

650.00

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

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

2925.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kelly Walenda**

Mailing Address 2 Acorn Hill Drive

City

Voorhees

State

NJ

Zip Code

08043-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

VP, Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

05 / 22 / 2015

Transaction ID : 22467068

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. David Condoluci**

Mailing Address 124 Avon Terrace

City

Moorestown

State

NJ

Zip Code

08057-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22467076

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**c. Dr. Maryann Lauletta MD**

Mailing Address 35 Berkshire Drive

City

Sewell

State

NJ

Zip Code

08080-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

VP, Medical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

05 / 15 / 2015

Transaction ID : 22467092

Amount of Each Receipt this Period

227.50

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

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

682.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Morina**

Mailing Address 149 Center Street

City

Gibbstown

State

NJ

Zip Code

08027-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

Vice President, Government & External

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 15 / 2015

Transaction ID : 22467096

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Briggs**

Mailing Address 256 Burnham Dr

City

Alliance

State

NE

Zip Code

69301-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Box Butte General Hospital

Occupation

Board Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22467775

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Harold Krueger Jr**

Mailing Address 525 Main St

City

Chadron

State

NE

Zip Code

69337-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chadron Community Hospital & Health Se

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22467785

Amount of Each Receipt this Period

250.00

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

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

825.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James P Ulrich Jr**

Mailing Address 18 Mashie Dr

City

McCook

State

NE

Zip Code

69001-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22467788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Carl P Vaagenes**

Mailing Address 111 17th Avenue East

City

Alexandria

State

MN

Zip Code

56308-5273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Douglas County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 18 / 2015

Transaction ID : 22467792

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Carolyn Bengston MD**

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Vice President Utilization Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22467876

Amount of Each Receipt this Period

800.00

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1550.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Martin Judd**

Mailing Address 1431 North Claremont Avenue

City State Zip Code  
 Chicago IL 60622-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saints Mary & Elizabeth Medical Center

Occupation

Vice President Professional Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY  
 05 / 19 / 2015

**Transaction ID : 22467877**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Kathleen C Yosko**

Mailing Address P O Box 795

City State Zip Code  
 Wheaton IL 60187-0795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marianjoy Rehabilitation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 05 / 19 / 2015

**Transaction ID : 22467878**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Helen M. Brooks**

Mailing Address 2400 North Rockton Avenue

City State Zip Code  
 Rockford IL 61103-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Corporate Director, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 05 / 19 / 2015

**Transaction ID : 22467879**

Amount of Each Receipt this Period

400.00

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

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

1600.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. John Dorsey**

Mailing Address 5330 Wilderness Trail

City State Zip Code  
Rockford IL 61114-7025

FEC ID number of contributing federal political committee.

C

Name of Employer  
Rockford Memorial Hospital

Occupation  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : 22467880

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Filer**

Mailing Address 19065 Hickory Creek Drive, Suite 3

City State Zip Code  
Mokena IL 60448-8599

FEC ID number of contributing federal political committee.

C

Name of Employer  
Presence Health

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : 22467897

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Mr. James P Evans ESQ**

Mailing Address 2273 Cairnwell Drive

City State Zip Code  
Belvidere IL 61008-7404

FEC ID number of contributing federal political committee.

C

Name of Employer  
Rockford Memorial Hospital

Occupation  
Vice President Legal Affairs and Gener

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : 22467898

Amount of Each Receipt this Period

560.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Douglas J. Brooks**

Mailing Address 2429 Harlem Boulevard

City

Rockford

State

IL

Zip Code

61103-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22467900**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra B Bruce FACHE**

Mailing Address 7435 West Talcott Avenue

City

Chicago

State

IL

Zip Code

60631-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presence Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22468536**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Danny Chun**

Mailing Address 303 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Corporate Communications & Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22468537**

Amount of Each Receipt this Period

1200.00

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

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

2800.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Harry Bond**

Mailing Address 330 Berkshire Ct

City

Bourbonnais

State

IL

Zip Code

60914-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468538

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **B. Dr. Nancy M Newby RN, PhD, F**

Mailing Address 705 South Grand Avenue

City

Nashville

State

IL

Zip Code

62263-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington County Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468539

Amount of Each Receipt this Period

720.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Phillip M Kambic**

Mailing Address 350 North Wall Street

City

Kankakee

State

IL

Zip Code

60901-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468540

Amount of Each Receipt this Period

400.00

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

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

1920.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard E. Kempe**

Mailing Address 506 Donegal

City  
Quincy

State  
IL

Zip Code  
62305-0910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blessing Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468543

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Mr. Elliot H Kuida**

Mailing Address 459 Locust Avenue

City

Charlottesville

State

VA

Zip Code

22902-9940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468544

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Ms. Terri L. Allen**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468841

Amount of Each Receipt this Period

1200.00

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

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

1680.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Baiardo**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22468842

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cristina Batt**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469015

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Deaton**

Mailing Address 740 North Hayes

City

Oak Park

State

IL

Zip Code

60302-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Sr. Vice President, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469026

Amount of Each Receipt this Period

1200.00

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

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

2200.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Joseph Fahey**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-1493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469027

Amount of Each Receipt this Period

480.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Jeremy Flynn**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director, Development and Government R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469028

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Tamara Lynn Gamrat**

Mailing Address 1911 Hamilton Street

City

Murphysboro

State

IL

Zip Code

62966-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Risk Management Coordination

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469029

Amount of Each Receipt this Period

280.00

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

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

1560.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cathy N. Grossi**

Mailing Address 113 S. LaGrange Road

City

La Grange

State

IL

Zip Code

60525-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469031

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cheryl Hellyer**

Mailing Address 1151 E Warrenville RD

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Assistant Vice President, Risk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469033

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mr Kenneth Jay**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469038

Amount of Each Receipt this Period

400.00

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

1200.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Susan Kaufman**

Mailing Address 1151 E. Warranville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22469040**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra Kraiss**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22469793**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Ms. Nichole Magalis**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22469795**

Amount of Each Receipt this Period

1200.00

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3200.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William R. McAndrew**

Mailing Address 700 South Second St.

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469796

Amount of Each Receipt this Period

960.00

Full Name (Last, First, Middle Initial)

**B. Ms Dianne O'Donnell**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469797

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Clint Parram**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469798

Amount of Each Receipt this Period

500.00

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2660.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick Sonin**

Mailing Address 1152 Alder

City

Bartlett

State

IL

Zip Code

60103-1660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469801

Amount of Each Receipt this Period

480.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jo Ann Spoor**

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469802

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. David A. Strickland**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Assistant Vice President, Education an

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469805

Amount of Each Receipt this Period

480.00

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

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

1760.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Patricia Tanney**

Mailing Address 1151 E Warrenville Rd

City

Naperville

State

IL

Zip Code

60563-1493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Claims Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469806

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael Whitted**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469807

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Lori Williams**

Mailing Address 1151 E Warrenville Rd

City

Naperville

State

IL

Zip Code

60563-1493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469808

Amount of Each Receipt this Period

2400.00

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

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

3800.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joe Holler**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469809

Amount of Each Receipt this Period

960.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jae Yoon**

Mailing Address 1151 E Warrenville Rd

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

576.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469810

Amount of Each Receipt this Period

576.00

Full Name (Last, First, Middle Initial)

**C. Mr. A.J. Wilhelmi**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22469811

Amount of Each Receipt this Period

1200.00

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2736.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Maryjane Wurth**

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : 22469812**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Mr. David M Dill**

Mailing Address 103 Powell Court, Suite 200

City

Brentwood

State

TN

Zip Code

37027-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : 22470369**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Leslie Marsh FACHE**

Mailing Address 1214 15th Ave

City

Kearney

State

NE

Zip Code

68845-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lexington Regional Health Center

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 Y Y  
05 / 29 / 2015

**Transaction ID : 22470371**

Amount of Each Receipt this Period

250.00

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

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

2450.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Diane Newman FACHE**

Mailing Address 233 N 10th St

City

Tecumseh

State

NE

Zip Code

68450-0599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johnson County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22470372**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Elaine Couture BSN, MBA,**

Mailing Address P O Box 2555

City

Spokane

State

WA

Zip Code

99220-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 27 / 2015

**Transaction ID : 22470383**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Donovan**

Mailing Address 512 Brookside Dr

City

New London

State

NH

Zip Code

03257-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt. Ascutney Hospital and Health Centre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22470390**

Amount of Each Receipt this Period

550.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathy A. Bizarro FACHE**

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.75

Date of Receipt

05 / 28 / 2015

Transaction ID : 22470394

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.50

Date of Receipt

05 / 28 / 2015

Transaction ID : 22470395

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara Walczyk-Joers**

Mailing Address 200 East University Avenue

City

Saint Paul

State

MN

Zip Code

55101-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gillette Children's Specialty Healthca

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2015

Transaction ID : 22470413

Amount of Each Receipt this Period

500.00

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

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

568.25



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 22470417**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary B Maertens FACHE**

Mailing Address 300 South Bruce Street

City State Zip Code  
Marshall MN 56258-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Marshall Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 22470418**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mr. Tim Rice**

Mailing Address 49725 County 83

City State Zip Code  
Staples MN 56479-5280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakewood Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 22470419**

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John H Solheim**

Mailing Address 2475 East Broadway Street

City

Helena

State

MT

Zip Code

59601-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cuyuna Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22470420**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. JoAnn Davis**

Mailing Address 18 Shady Brook

City

West Springfield

State

MA

Zip Code

01089-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Health, Inc.

Occupation

Risk Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22470425**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**c. Dr. Margot Hartmann MD, PhD**

Mailing Address 57 Prospect Street

City

Nantucket

State

MA

Zip Code

02554-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nantucket Cottage Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22470427**

Amount of Each Receipt this Period

375.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Joanne Marqusee**

Mailing Address 226 Prospect Street

City

Northampton

State

MA

Zip Code

01060-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cooley Dickinson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22470428**

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

**B. Mr Rocco Mandaglio**

Mailing Address 19 Chapel Street

City

Ashburnham

State

MA

Zip Code

01430-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holyoke Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 22 / 2015

**Transaction ID : 22470451**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**c. Dr. C Gregory Martin MD**

Mailing Address 68 Salem Street

City

Andover

State

MA

Zip Code

01810-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 22 / 2015

**Transaction ID : 22470452**

Amount of Each Receipt this Period

75.00

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

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

1012.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy J Siopes**

Mailing Address 1090 Washington Rd

City

State

Zip Code

Rye

NH

03870-2336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Vice President, Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 22 / 2015

Transaction ID : 22470454

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. David E Storto**

Mailing Address 357 Caterina Hts.

City

State

Zip Code

Concord

MA

01742-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spaulding Rehabilitation Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 22470455

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Timothy J Walsh FHFMA**

Mailing Address P O Box 1477

City

State

Zip Code

Oak Bluffs

MA

02557-1477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha's Vineyard Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 22470461

Amount of Each Receipt this Period

375.00

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

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

1387.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John A Miller Jr FACHE**

Mailing Address 1 Spring Back Way

City

Anderson

State

SC

Zip Code

29621-2676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2015

**Transaction ID : 22470475**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Kirk Toomey DHA, FACHE**

Mailing Address 955 Ribaut Road

City

Beaufort

State

SC

Zip Code

29902-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaufort Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2015

**Transaction ID : 22470476**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Philip A Clayton**

Mailing Address PO Box 829

City

Conway

State

SC

Zip Code

29528-0829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Conway Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2015

**Transaction ID : 22470477**

Amount of Each Receipt this Period

250.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Richard E D'Alberto FACHE**

Mailing Address P O Box 976

City State Zip Code  
 Clinton SC 29325-0976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Health System - Laurens Cou

Occupation  
Campus 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 Y  
 05 / 28 / 2015

Transaction ID : 22470478

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael J Schwartz**

Mailing Address 2221 Preet Street

City State Zip Code  
 Sumter SC 29150-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuomey Healthcare System

Occupation  
Interim Chief Executive Officer and Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

Transaction ID : 22470480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr David J Campbell**

Mailing Address 27 Oxford Road

City State Zip Code  
 Grosse Pointe Shores MI 48236-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oakwood Healthcare, Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

Transaction ID : 22495494

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

1012.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Georgia R Fojtasek RN, EdD**

Mailing Address 205 North East Avenue

City

Jackson

State

MI

Zip Code

49201-1753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegiance Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495508

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Vickie R. Kunz**

Mailing Address 5835 N. Cochran Road

City

Charlotte

State

MI

Zip Code

48813-8624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Senior Director, Health Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495528

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jim Lee**

Mailing Address 803 Greenwich Drive

City

Grand Ledge

State

MI

Zip Code

48837-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Vice President, Data Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495529

Amount of Each Receipt this Period

350.00

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980.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy McKeague**

Mailing Address 627 N Harrison

City

East Lansing

State

MI

Zip Code

48823-3017

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 ▼

525.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495537

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph Ruth**

Mailing Address 6480 Kernwood

City

East Lansing

State

MI

Zip Code

48823-9432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495543

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sam R. Watson**

Mailing Address 1240 E. Mill Street

City

Hastings

State

MI

Zip Code

49058-9185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495550

Amount of Each Receipt this Period

525.00

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1312.50



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mike Way**

Mailing Address 7049 Turkey Glen Trail

City

Kalamazoo

State

MI

Zip Code

49009-7031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495551

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Ms. Lori Herndon RN, BSN, M**

Mailing Address 902 North Shore Drive

City

Brigantine

State

NJ

Zip Code

08203-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495630

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

**C. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495631

Amount of Each Receipt this Period

130.00

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

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

1367.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David P. Lavins**

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495635

Amount of Each Receipt this Period

54.60

Full Name (Last, First, Middle Initial)

**B. Mr. John Slotman**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.69

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495640

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

**C. Mr. Charles Cataline**

Mailing Address 111 E. Frankfort St.

City

Columbus

State

OH

Zip Code

43206-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Senior Director, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22495728

Amount of Each Receipt this Period

250.00

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

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

351.40

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Greg Sanders**

Mailing Address 6131 Willow Lake Drive

City State Zip Code  
Hudson OH 44236-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Executive Director, Lake Health Founda

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22495730**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Robert W Shroder**

Mailing Address 9325 Bay Hill Drive NE

City State Zip Code  
Warren OH 44484-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Elizabeth Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22495731**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Robert O. Baxter**

Mailing Address 730 West Market Street

City State Zip Code  
Lima OH 45801-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Rita's Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22495736**

Amount of Each Receipt this Period

375.00

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

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

1125.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Raymond M Chorey**

Mailing Address P O Box 610

City

Cambridge

State

OH

Zip Code

43725-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Ohio Regional Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22495740**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. James W Pope MHA, FACHE**

Mailing Address 6832 Convent Boulevard

City

Sylvania

State

OH

Zip Code

43560-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sylvania Franciscan Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22495943**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Scott C Malaney**

Mailing Address 1900 South Main Street

City

Findlay

State

OH

Zip Code

45840-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blanchard Valley Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

**Transaction ID : 22496017**

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr John Baniewicz**

Mailing Address 2030 Ridgebury Dr

City

Painesville

State

OH

Zip Code

44077-1571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22496067

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr Rick Cicero**

Mailing Address 7946 Deborah Court

City

Mentor

State

OH

Zip Code

44060-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Vice President Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22496068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steve Karns**

Mailing Address 6379 Ledge Lake Ct.

City

Painesville

State

OH

Zip Code

44077-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Senior Vice President Admin Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22496069

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Kittoe**

Mailing Address 1429 Oakwood Tr

City

Painesville

State

OH

Zip Code

44077-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22496070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cynthia Moore-Hardy FACHE**

Mailing Address 7590 Auburn Road

City

Painesville

State

OH

Zip Code

44077-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22496071

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Ogrinc**

Mailing Address 1980 E. 221st Street

City

Euclid

State

OH

Zip Code

44117-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 22496188

Amount of Each Receipt this Period

250.00

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

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1000.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary J Robinson

Mailing Address 10 East Washington Street

City State Zip Code  
Painesville OH 44077-3460

FEC ID number of contributing federal political committee.

C

Name of Employer

Lake Health

Occupation

Vice President Government and Communit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : 22496191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Joyceanne Taylor

Mailing Address 9125 Taylor-May Rd.

City State Zip Code  
Chagrin Falls OH 44023-1641

FEC ID number of contributing federal political committee.

C

Name of Employer

Lake Health

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : 22496192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim Colburn

Mailing Address 600 North Pickaway Street

City State Zip Code  
Circleville OH 43113-1447

FEC ID number of contributing federal political committee.

C

Name of Employer

Berger 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 Y Y  
05 / 29 / 2015

Transaction ID : 22496214

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**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Albosta**

Mailing Address 3711 Desert Dr.

City

Saginaw

State

MI

Zip Code

48603-1976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22496417

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Birchmeier**

Mailing Address 19925 East Rd

City

New Lothrop

State

MI

Zip Code

48460-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Director Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

Transaction ID : 22496427

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Dr. David E. Blair MD**

Mailing Address 7417 Old Lantern Dr. SE

City

Caledonia

State

MI

Zip Code

49316-9004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Saint Mary's

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22496428

Amount of Each Receipt this Period

350.00

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

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

962.50



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Brooks FACHE**

Mailing Address 22101 Moross Road

City  
Detroit

State  
MI

Zip Code  
48236-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John Hospital and Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496429**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Edward Bruff**

Mailing Address 1447 North Harrison Street

City  
Saginaw

State  
MI

Zip Code  
48602-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496430**

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

**C. Mr. J Patrick Dyson**

Mailing Address 1521 Gull Road

City  
Kalamazoo

State  
MI

Zip Code  
49048-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Borgess Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496460**

Amount of Each Receipt this Period

350.00

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

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

1137.50

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randolph K Flechsig MHA**

Mailing Address 4617 N. Catamount Trail

City State Zip Code  
 Ada MI 49301-8654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sheridan Community Hospital

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496463**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. John T Fox**

Mailing Address 3392 Woodhaven Road, NW

City State Zip Code  
 Atlanta GA 30305-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Beaumont Health

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496464**

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kathleen Harrelson RN**

Mailing Address 6181 Krabrook Court

City State Zip Code  
 Kalamazoo MI 49009-8961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bronson Healthcare Group, Inc.

Occupation  
 Sr VP, Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496489**

Amount of Each Receipt this Period

262.50

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Hayden**

Mailing Address 601 John St Box 19

City

Kalamazoo

State

MI

Zip Code

49007-5341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Vice President and Chief Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

Transaction ID : 22496491

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. John L. Jones Jr.**

Mailing Address 1814 Hazel Avenue

City

Kalamazoo

State

MI

Zip Code

49008-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Healthcare Group, Inc.

Occupation

Senior Vice President /COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

Transaction ID : 22496505

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Dr. John Kosanovich MD**

Mailing Address 25 E. Hannum Blvd.

City

Saginaw

State

MI

Zip Code

48602-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Vice President Covenant Healthcare and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 19 / 2015

Transaction ID : 22496516

Amount of Each Receipt this Period

525.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Leonard**

Mailing Address 6383 Redington Drive SE

City State Zip Code  
 Ada MI 49301-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spectrum Health

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496518**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Greg Loomis**

Mailing Address 2810 Memorial Drive

City State Zip Code  
 Muskegon MI 49445-2271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health, Mercy Campus

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496520**

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

**C. Ms. Karie Lyon**

Mailing Address 43265 Rhineland Drive

City State Zip Code  
 Sterling Heights MI 48314-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaumont Health

Occupation

Vice President, IT Applications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496521**

Amount of Each Receipt this Period

350.00

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

1137.50

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David H. Nall**

Mailing Address 5200 Red Maple Ln

City

Saginaw

State

MI

Zip Code

48603-8634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496535**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher Palazzolo**

Mailing Address 3260 Charwood Dr.

City

Rochester Hills

State

MI

Zip Code

48306-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesys Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496540**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Scott Pillion**

Mailing Address 502 West Harrie Street

City

Newberry

State

MI

Zip Code

49868-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Helen Newberry Joy Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496542**

Amount of Each Receipt this Period

262.50

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Rossmann RN

Mailing Address 15855 19 Mile Road

City

Clinton Township

State

MI

Zip Code

48038-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Macomb Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : 22496555

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

B. Dr. Brian D. Schroeder MD

Mailing Address 1160 S Iva Rd

City

Hemlock

State

MI

Zip Code

48626-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sparrow Health System

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : 22496559

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael L. Schultz

Mailing Address 2784 Dunkirk Dr.

City

Saginaw

State

MI

Zip Code

48603-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

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 Y  
05 / 19 / 2015

Transaction ID : 22496560

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

1137.50

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David A Spivey**

Mailing Address 36475 West Five Mile Road

City State Zip Code  
Livonia MI 48154-1988

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary Mercy Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496569**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Ms. Carol Stoll**

Mailing Address 7630 Laurie Lane N.

City State Zip Code  
Saginaw MI 48609-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Vice President, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496571**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Dr. Jack Weiner PhD**

Mailing Address 44405 Woodward Avenue

City State Zip Code  
Pontiac MI 48341-5023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Mercy Oakland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496577**

Amount of Each Receipt this Period

350.00

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

875.00

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim Wenzel**

Mailing Address 555 Northview Drive

City

Frankenmuth

State

MI

Zip Code

48734-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496578**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Zaroukian**

Mailing Address 4505 Oak Pointe Court

City

Okemos

State

MI

Zip Code

48864-0312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Chief Medical Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22496582**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**c. Ms. Gail Lovinger**

Mailing Address 2225 Simpson

City

Evanston

State

IL

Zip Code

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

05 / 04 / 2015

**Transaction ID : 22496867**

Amount of Each Receipt this Period

350.00

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

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

787.50



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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Warren Tardy**

Mailing Address 310 25th Avenue North  
Suite 101

City Nashville State TN Zip Code 37203-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA

Occupation

Director, Public Policy Management Gro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 03 / 2015

**Transaction ID : 22496872**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Thomas L Bell**

Mailing Address 215 Southeast 8th Avenue

City Topeka State KS Zip Code 66603-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2015

**Transaction ID : 22497123**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Anne E. Cramer**

Mailing Address 153 Packard Road

City Jericho State VT Zip Code 05465-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vermont Association of Hospitals & Hea

Occupation

Legal Counsel VTHA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : 22511487**

Amount of Each Receipt this Period

0.00

### **[MEMO ITEM]**

Refund(s) on Schedule B Totalling \$350.00 This changes the YTD Total to \$0.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas J VanOsdol**

Mailing Address 13772 Wyandotte Place

City

Fishers

State

IN

Zip Code

46038-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Anderson Regional Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : 3313090**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Melinda Reid Hatton**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR1045726234657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR1057462134657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

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

730.82

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dale A Kirby**

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

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 ▼

423.17

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1125892334657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Jack A. Mackay**

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 & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1347703634657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1475133734657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

230.85

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Erik Rasmussen**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

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 ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR1819487934657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Shari Dexter**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR1878189834657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Evelyn Knolle**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR1913190734657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.85

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

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Jennifer Schleman**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1913194034657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Janet Henderson**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.44

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1937843134657

Amount of Each Receipt this Period

116.52

P/R Deduction (\$48.64 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Diane Jones**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1943461534657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

231.96

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Jeff Goldman**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President of Coverage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR1978358634657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Linda Fishman**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

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 ▼

423.17

Date of Receipt

05 / 31 / 2015

Transaction ID : PR327629134657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

Transaction ID : PR327771634657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

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

288.54

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

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR32777234657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

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 ▼

423.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR32777834657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR327801734657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.85

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Pamela Austin Thompson MS, RN, FA**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AONE

Occupation

AHA Senior Vice President, CEO America

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

Transaction ID : PR327812034657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR327831734657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW

Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR327851934657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

230.85



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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Seklecki**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR327858034657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Barry**

Mailing Address One North Franklin

City

Millis

State

MA

Zip Code

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 ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR327877834657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court

#3002

City

Chicago

State

IL

Zip Code

60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR327895734657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

346.23

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  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

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 ▼

423.17

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR327983734657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Umbdenstock

Mailing Address 800 10th Street, NW  
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

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 ▼

423.17

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR328132834657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorsbach

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 ▼

423.17

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR328136934657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

346.23

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR328223834657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR328241434657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. 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 ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR328260934657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

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

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

346.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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**

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1		2	0	1	5		

**Transaction ID : PR328511834657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1		2	0	1	5		

**Transaction ID : PR328512034657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. George Arges**

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1		2	0	1	5		

**Transaction ID : PR328641134657**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

288.54

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony S Burke**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR328913334657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR329013434657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Dr. John R. Combes**

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

President &amp; Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR329071334657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

288.54

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robyn L. Bash**

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

Transaction ID : PR329084434657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. W. Thomas Deweese**

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

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

Transaction ID : PR329215734657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Patricia Meersman**

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

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

Transaction ID : PR330343334657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

288.54

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR330411634657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

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 ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR330475434657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Mr. Gene O'Dell**

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, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR330547734657**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

288.54

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

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 ▼

423.17

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR330549234657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR331098334657**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR331278834657**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

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

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

230.85



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR331304234657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Megan Cundari

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

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 ▼

423.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR518031934657

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Laura M. Werner

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR560101534657

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

288.54

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR766023734657**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

115.41

111548.52

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

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : 22455264**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

350.00

350.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 29 2015

**Transaction ID : 22497031**

Amount of Each Receipt this Period

194.26

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

194.26

194.26

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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 Fees

001

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 04 2015**Transaction ID : 22497026**

Amount of Each Disbursement this Period

269.66

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 05 2015**Transaction ID : 22497027**

Amount of Each Disbursement this Period

147.88

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 05 2015**Transaction ID : 22497029**

Amount of Each Disbursement this Period

189.41

Merchant Fees

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

606.95

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

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015

Transaction ID : 22497030

Amount of Each Disbursement this Period

238.43

Bank Fee

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

238.43

845.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany, Jr., MD For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

**Transaction ID : 22454929**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Charles W. Boustany Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 03

Contribution

Full Name (Last, First, Middle Initial)

**B. Richard E Neal For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

**Transaction ID : 22454930**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard E. Neal**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 01

Contribution

Full Name (Last, First, Middle Initial)

**C. Ben Cardin For Senate, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

Mailing Address P.O. Box 21093

City	State	Zip Code
Catonsville	MD	21228

**Transaction ID : 22468510**Purpose of Disbursement  
2018 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Benjamin Cardin**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District:

2018 Contribution

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

4500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Murkowski For U.S. Senate**

Mailing Address PO Box 100847

City	State	Zip Code
Anchorage	AK	99510

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Lisa Murkowski**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AK District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468511**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**B. Jeff Duncan For Congress**

Mailing Address PO Box 845

City	State	Zip Code
Laurens	SC	29360

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeff Duncan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468512**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brett Guthrie**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468513**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Alan Lowenthal For Congress**

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Alan Lowenthal PhD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468514**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Marino For Congress**

Mailing Address PO Box 653

City	State	Zip Code
Williamsport	PA	17703

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tom Marino**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468515**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends For Jim McDermott**

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jim McDermott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468516**

Amount of Each Disbursement this Period

2500.00
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Contribution

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Great Lakes PAC**Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

Candidate Name

**Great Lakes PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468517**

Amount of Each Disbursement this Period

5000.00
---------

2015 Contribution

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**Mailing Address 600 Pennsylvania Avenue, SE  
Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

Candidate Name

**Motor City PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468518**

Amount of Each Disbursement this Period

2500.00
---------

2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Rob Portman**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468519**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle	State WA	Zip Code 98124
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Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Patty Murray**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : 22468520**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Mailing Address 425 Second Street, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement  
2015 Contribution

Candidate Name

**National Republican Senatorial Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468521**

Amount of Each Disbursement this Period

15000.00
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2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Lisa Murkowski For U.S. Senate**

Mailing Address PO Box 100847

City Anchorage	State AK	Zip Code 99510
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Lisa Murkowski**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468522**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

17000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address PO Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468523**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Brian Higgins For Congress**

Mailing Address P.O. Box 28

City	State	Zip Code
Buffalo	NY	14220

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brian M. Higgins**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468524**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Kansans For Huelskamp**

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tim Huelskamp**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468525**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468526**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Pete Sessions For Congress**

Mailing Address PO Box 823047

City Dallas	State TX	Zip Code 75382
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pete Sessions**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468527**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph	State MI	Zip Code 49085
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frederick Stephen Upton**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468528**

Amount of Each Disbursement this Period

2000.00
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Contribution

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

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ann Wagner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468529**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Democrats Win Seats PAC**

Mailing Address 1071 Turin Branch Lane

City	State	Zip Code
Weston	FL	33326

Purpose of Disbursement  
2015 Contribution

Candidate Name

**Democrats Win Seats PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468530**

Amount of Each Disbursement this Period

2500.00
---------

2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Peter Norbeck Leadership PAC; The**

Mailing Address PO Box 250

City	State	Zip Code
Pierre	SD	57501-0250

Purpose of Disbursement  
2015 Contribution

Candidate Name

**Peter Norbeck Leadership PAC; The**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468531**

Amount of Each Disbursement this Period

1000.00
---------

2015 Contribution

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 113

<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**

Full Name (Last, First, Middle Initial)

**A. Treasure State PAC**

Mailing Address PO Box 76187

City Washington	State DC	Zip Code 20013
--------------------	-------------	-------------------

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Treasure State PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468532**

Amount of Each Disbursement this Period

5000.00
---------

2015 Contribution

Full Name (Last, First, Middle Initial)

**B. Common Values PAC**Mailing Address 901 N. Washington Street  
Suite 700

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Common Values PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468533**

Amount of Each Disbursement this Period

2500.00
---------

2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Farr**

Mailing Address PO Box 122

City Monterey	State CA	Zip Code 93942
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Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Sam Farr**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468534**

Amount of Each Disbursement this Period

1000.00
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Contribution

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

8500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brenda Lawrence For Congress**

Mailing Address PO Box 3060

City	State	Zip Code
Southfield	MI	48037

Purpose of Disbursement  
Contribution

Candidate Name

**Brenda Lawrence**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : 22468535**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

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

1500.00
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60500.00
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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Hospital Association PAC

**A. Ms. Anne E. Cramer**

Mailing Address 153 Packard Road

City	State	Zip Code
Jericho	VT	05465-2025

Purpose of Disbursement	Refund

Candidate Name

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) ▼		

Date of Disbursement

Transaction ID : 22468548

Amount of Each Disbursement this Period

350.00

Refund

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

### Purpose of Disbursement

Candidate Name

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) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

### Purpose of Disbursement

Candidate Name

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) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

350.00

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

350.00