

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="1653206.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1746698.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="515579.13"/>	<input type="text" value="895879.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2262277.31"/>	<input type="text" value="2549086.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75529.59"/>	<input type="text" value="362338.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2186747.72"/>	<input type="text" value="2186747.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: 04 / 01 / 2015 To: 04 / 30 / 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).....	91852.48	225996.99
(ii) Unitemized	29808.49	57934.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	121660.97	283931.54
(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)	121660.97	288931.54
12. Transfers From Affiliated/Other Party Committees.....	136750.00	349350.00
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).....	256999.36	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.).....	168.80	598.66
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))..... ▶	515579.13	895879.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	515579.13	895879.56

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	529.59	2638.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	529.59	2638.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	359700.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	75529.59	362338.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75529.59	362338.64

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)	121660.97	288931.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121660.97	288931.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	529.59	2638.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	256999.36	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-256469.77	-254360.72

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

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

FOR LINE NUMBER: PAGE 6 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Donna Herrin Griffith CENP, FACH

Mailing Address 3 Devonshire St.

City State Zip Code
Huntsville AL 35806-5229

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

Name of Employer Occupation
Tyler & Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 22370967

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms. Etta S. Fielek

Mailing Address 110 4th St., SE

City State Zip Code
Washington DC 20003-1012

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

Name of Employer Occupation
American Hospital Association-Washingt Vice President, Political Outreach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 22399722

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ms. Diane Weber

Mailing Address 155 North Wacker Drive

City State Zip Code
Chicago IL 60606-1709

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

Name of Employer Occupation
American Hospital Association-Chicago Executive Director, SHSMD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 22399724

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1213 W. Cottage Loop

City State Zip Code
Gardnerville NV 89460-4400

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

Name of Employer Occupation
Carson Valley Medical Center Chief Executive Officer and Administra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015
Transaction ID : 22402884

Amount of Each Receipt this Period
500.00

B. Mr. Christopher J Durovich
Full Name (Last, First, Middle Initial)

Mailing Address 1935 Medical District Drive

City State Zip Code
Dallas TX 75235-7701

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

Name of Employer Occupation
Children's Medical Center of Dallas President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : 22403183

Amount of Each Receipt this Period
2000.00

C. Mr. Mike Rock
Full Name (Last, First, Middle Initial)

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

City State Zip Code
Washington DC 20001-5188

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

Name of Employer Occupation
American Hospital Association-Washingt Sr. Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015
Transaction ID : 22404231

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas W Huebner
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Allen Street
 City Rutland State VT Zip Code 05701-4560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutland Regional Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : 22404282
 Amount of Each Receipt this Period
 600.00

B. Mr. Jerry E Jurena
 Full Name (Last, First, Middle Initial)
 Mailing Address 1622 East Interstate Avenue, Suite
 City Bismarck State ND Zip Code 58503-0512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Dakota Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 22404489
 Amount of Each Receipt this Period
 350.00

C. Ms. Elizabeth Hale RN, MSN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 981
 City North Andover State MA Zip Code 01845-0981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawrence General Hospital Occupation Vice President Patient Services and Ch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : 22404492
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶ 1300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Steve Diaz MD
Full Name (Last, First, Middle Initial)

Mailing Address 149 North Street

City Waterville State ME Zip Code 04901-4974

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

Name of Employer MaineGeneral Medical Center Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 08 / 2015
Transaction ID : 22404565

Amount of Each Receipt this Period 350.00

B. Mr. Steven R Michaud
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fuller Road

City Augusta State ME Zip Code 04330-4910

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

Name of Employer Maine Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2015
Transaction ID : 22404566

Amount of Each Receipt this Period 1000.00

C. Ms. Patty White RN, MS
Full Name (Last, First, Middle Initial)

Mailing Address 475 South Dobson Road

City Chandler State AZ Zip Code 85224-5605

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

Name of Employer St. Joseph's Hospital and Medical Cent Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2015
Transaction ID : 22404567

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 570 Chautauqua Boulevard

City	State	Zip Code
Valley City	ND	58072-3145

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

Name of Employer	Occupation
Mercy Hospital	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2015

Transaction ID : 22404631

Amount of Each Receipt this Period

330.00

B. Mr. Michael J McBride FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1628

City	State	Zip Code
Grand Junction	CO	81502-1628

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

Name of Employer	Occupation
St. Mary's Medical Center	President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2015

Transaction ID : 22404706

Amount of Each Receipt this Period

500.00

C. Mr. Michael T Rowan FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 198 Inverness Drive West, Suite 80

City	State	Zip Code
Englewood	CO	80112-5202

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

Name of Employer	Occupation
Catholic Health Initiatives	Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2015

Transaction ID : 22404707

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David L Albrecht
Full Name (Last, First, Middle Initial)

Mailing Address 2250 NW 26th Street

City Owatonna State MN Zip Code 55060-5503

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

Name of Employer Owatonna Hospital Occupation President

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
 04 / 07 / 2015
Transaction ID : 22404711

Amount of Each Receipt this Period
 250.00

B. Mr. Bradley Beard
Full Name (Last, First, Middle Initial)

Mailing Address 6401 France Avenue South

City Edina State MN Zip Code 55435-2104

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

Name of Employer Fairview Southdale Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : 22404713

Amount of Each Receipt this Period
 500.00

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

Mailing Address 619 E Mayo St

City O'Neill State NE Zip Code 68763-0270

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

Name of Employer Avera St. Anthony's Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : 22404722

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Dan Griess FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 744 W. 16th St
City Alliance State NE Zip Code 69301-0810
FEC ID number of contributing federal political committee. **C**
Name of Employer Box Butte General Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2015
Transaction ID : 22404725
Amount of Each Receipt this Period 250.00

B. Mr. Mark Brett
Full Name (Last, First, Middle Initial)
Mailing Address 339 Kensington Road
City East Lansing State MI Zip Code 48823-4046
FEC ID number of contributing federal political committee. **C**
Name of Employer Sparrow Hospital Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50

Date of Receipt 04 / 08 / 2015
Transaction ID : 22404730
Amount of Each Receipt this Period 262.50

C. Ms. Amelia Jones
Full Name (Last, First, Middle Initial)
Mailing Address 22401 Foster Winter Drive
City Southfield State MI Zip Code 48075-3724
FEC ID number of contributing federal political committee. **C**
Name of Employer Oakland Regional Hospital Occupation Chief Operating Officer and Acting Chi
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50

Date of Receipt 04 / 08 / 2015
Transaction ID : 22404734
Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Mary Lou Wesley

Mailing Address 5301 East Huron River Drive

City Ypsilanti State MI Zip Code 48197-1051

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

Name of Employer St. Joseph Mercy Ann Arbor Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : 22404737

Amount of Each Receipt this Period
 262.50

Full Name (Last, First, Middle Initial)
B. Mr. Matthew L Anderson JD

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation Vice President, Regulatory/Strategic A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 22404748

Amount of Each Receipt this Period
 276.90

Full Name (Last, First, Middle Initial)
C. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City Saint Paul State MN Zip Code 55114-1907

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

Name of Employer Minnesota Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 22404758

Amount of Each Receipt this Period
 660.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1199.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ben Peltier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Avenue W.
 Suite 350-S
 City Saint Paul State MN Zip Code 55114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minnesota Hospital Association Occupation Vice President, Legal Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 22404760
 Amount of Each Receipt this Period
 330.82

B. Mr. Robby Robertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Coventry Lane
 City Andover State MA Zip Code 01810-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Hospital Occupation V.P. Facilities & Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 22406423
 Amount of Each Receipt this Period
 375.00

c. Dr. Charles E Cavagnaro III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Wright Street
 City Palmer State MA Zip Code 01069-1138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Wing Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 22406427
 Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional).....▶	1268.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Maura McQueeney BSN, MPH,
Full Name (Last, First, Middle Initial)
Mailing Address 67 Hemlock Dr
City Killingworth State CT Zip Code 06419-2225
FEC ID number of contributing federal political committee. **C**
Name of Employer Baystate Health, Inc. Occupation President, Baystate Visiting Nurse Ass
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 562.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2015
Transaction ID : 22406430
Amount of Each Receipt this Period
562.50

B. Mr Rakesh Talati
Full Name (Last, First, Middle Initial)
Mailing Address 135 Cooley Drive
City Longmeadow State MA Zip Code 01106-1305
FEC ID number of contributing federal political committee. **C**
Name of Employer Baystate Franklin Medical Center Occupation Associate CMO/Chair of Emergency Medic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 562.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2015
Transaction ID : 22406431
Amount of Each Receipt this Period
562.50

C. Mr. Joel Rudin
Full Name (Last, First, Middle Initial)
Mailing Address 3 Webster Street
City Winchester State MA Zip Code 01890-2117
FEC ID number of contributing federal political committee. **C**
Name of Employer New England Rehabilitation Hospital Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 562.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2015
Transaction ID : 22406433
Amount of Each Receipt this Period
562.50

SUBTOTAL of Receipts This Page (optional).....▶	1687.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Christine C Schuster RN, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Old Road to Nine Acre Corner
 City State Zip Code
 Concord MA 01742-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerson Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406535
 Amount of Each Receipt this Period
 562.50

B. Mr. John Szum
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Windsor Road
 City State Zip Code
 East Walpole MA 02032-1359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Care Group, Inc. Executive Vice President & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406545
 Amount of Each Receipt this Period
 562.50

C. Ms. Theresa M. Ahern
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Kate's Glen
 City State Zip Code
 Plymouth MA 02360-8264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cape Cod Healthcare, Inc. Sr. VP, Strategy and Community, Gov't
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406546
 Amount of Each Receipt this Period
 375.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Donald Guadagnoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Abegale Snow Road
 City West Barnstable State MA Zip Code 02668-1378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Healthcare, Inc. Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406600
 Amount of Each Receipt this Period
 375.00

B. Mr Alexander Heard
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Punchbowl Drive
 City Falmouth State MA Zip Code 02540-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Falmouth Hospital Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406601
 Amount of Each Receipt this Period
 262.50

C. Mr. Patrick Kane
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Angela Way
 City West Barnstable State MA Zip Code 02668-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Healthcare, Inc. Occupation Sr. Vice President Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406604
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1012.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael K Lauf MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 Lewis Bay Road
 City Hyannis State MA Zip Code 02601-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Healthcare, Inc. Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406621
 Amount of Each Receipt this Period
 750.00

B. Ms Linda Moulton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Doty Avenue
 City Danvers State MA Zip Code 01923-3907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital & Medical Center, Burli Occupation CEO - International Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406623
 Amount of Each Receipt this Period
 375.00

C. Mr Victor Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Glenrose Road
 City Dorchester State MA Zip Code 02124-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Healthcare, Inc. Occupation V.P., Patient Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 22406624
 Amount of Each Receipt this Period
 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 578 Huckins Neck Road

City Centerville State MA Zip Code 02632-1411

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

Name of Employer Cape Cod Healthcare, Inc. Occupation Chief Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 22406631

Amount of Each Receipt this Period
375.00

B. Mr. Eric Stastny
Full Name (Last, First, Middle Initial)

Mailing Address 67 Scott Rd

City Belmont State MA Zip Code 02478-3343

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

Name of Employer Emerson Hospital Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 22406636

Amount of Each Receipt this Period
262.50

C. Ms Linda Weller-Ferris
Full Name (Last, First, Middle Initial)

Mailing Address 8E Seven Springs Lane

City Burlington State MA Zip Code 01803-5123

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

Name of Employer Lahey Health Occupation V.P., Lahey Health Cancer Institute

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 22406638

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Joseph White
Full Name (Last, First, Middle Initial)
Mailing Address 10 Lakeside Terrace
City Westford State MA Zip Code 01886-1392
FEC ID number of contributing federal political committee. **C**
Name of Employer Lowell General Hospital Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 22406639
Amount of Each Receipt this Period
750.00

B. Mr. Jason Radzevich
Full Name (Last, First, Middle Initial)
Mailing Address 275 Sandwich Street
City Plymouth State MA Zip Code 02360-2183
FEC ID number of contributing federal political committee. **C**
Name of Employer Beth Israel Deaconess Hospital Plymouth Occupation Vice President Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 22406643
Amount of Each Receipt this Period
262.50

C. Ms. Nancy L. Shendell-Falik
Full Name (Last, First, Middle Initial)
Mailing Address 17 Falcon Heights Rd
City Wilbraham State MA Zip Code 01095
FEC ID number of contributing federal political committee. **C**
Name of Employer Baystate Medical Center Occupation Sr. Vice President/ CNO/COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 22406644
Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1387.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Peter L Slavin MD		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 22406645
Mailing Address 55 Fruit Street		Amount of Each Receipt this Period 1125.00
City Boston	State MA	Zip Code 02114-2622
FEC ID number of contributing federal political committee. C		
Name of Employer Massachusetts General Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Ms. Deborah K Weymouth MBA, FACHE		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 22406646
Mailing Address 100 Keyes Road, Apt. 214		Amount of Each Receipt this Period 375.00
City Concord	State MA	Zip Code 01742-1653
FEC ID number of contributing federal political committee. C		
Name of Employer HealthAlliance Hospitals	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Mr Karl Kussin		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 22406651
Mailing Address 51 Riverside Avenue		Amount of Each Receipt this Period 375.00
City Concord	State MA	Zip Code 01742-3026
FEC ID number of contributing federal political committee. C		
Name of Employer Emerson Hospital	Occupation V.P., Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jerry G Moeller FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2408
 City Stillwater State OK Zip Code 74076-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stillwater Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2015**
Transaction ID : 22406695
 Amount of Each Receipt this Period **500.00**

B. Mr. Leslie D Hirsch FACHE
 Full Name (Last, First, Middle Initial)
 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 **390.00**

Date of Receipt **04 / 02 / 2015**
Transaction ID : 22406788
 Amount of Each Receipt this Period **130.00**

C. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 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 **273.00**

Date of Receipt **04 / 13 / 2015**
Transaction ID : 22407033
 Amount of Each Receipt this Period **45.50**

SUBTOTAL of Receipts This Page (optional).....	675.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary Schulte
Full Name (Last, First, Middle Initial)
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 Account Manager, Health Forum
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 13 / 2015**
Transaction ID : 22407039
Amount of Each Receipt this Period **500.00**

B. Ms. Kathy D Moore
Full Name (Last, First, Middle Initial)
Mailing Address 5997 N. Cape Arago Place
City Garden City State ID Zip Code 83714-4022
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Luke's Regional Medical Center Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : 22407042
Amount of Each Receipt this Period **500.00**

C. Mr. Ryan C Larsen FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 2602 Schoenheit
City Falls City State NE Zip Code 68355-3142
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Medical Center Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : 22407220
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Scott G Barrilleaux FACHE, MHA

Mailing Address 778 Scogin Drive

City Monticello	State AR	Zip Code 71655-5729
--------------------	-------------	------------------------

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

Name of Employer Drew Memorial Hospital	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409331

Amount of Each Receipt this Period
325.00

Full Name (Last, First, Middle Initial)
B. Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City Little Rock	State AR	Zip Code 72205-1576
---------------------	-------------	------------------------

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

Name of Employer Arkansas Hospital Association	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409332

Amount of Each Receipt this Period
325.00

Full Name (Last, First, Middle Initial)
C. Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City Little Rock	State AR	Zip Code 72205-1576
---------------------	-------------	------------------------

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

Name of Employer Arkansas Hospital Association	Occupation Executive Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409333

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Lyndsey Dumas		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 22409334
Mailing Address 419 Natural Resources Drive		Amount of Each Receipt this Period 325.00
City Little Rock	State AR	Zip Code 72205-1576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Arkansas Hospital Association	Occupation Vice President of Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Mr. Vincent Leist		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 22409335
Mailing Address 620 North Main Street		Amount of Each Receipt this Period 227.50
City Harrison	State AR	Zip Code 72601-2911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 227.50
Name of Employer North Arkansas Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

Full Name (Last, First, Middle Initial) C. Ms Debbie Love		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 22409336
Mailing Address 419 Natural Resources Drive		Amount of Each Receipt this Period 325.00
City Little Rock	State AR	Zip Code 72205-1576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Arkansas Hospital Association	Occupation Director of Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	877.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock State AR Zip Code 72205-7299

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

Name of Employer Baptist Health Occupation Vice President Strategic Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409337

Amount of Each Receipt this Period
227.50

Full Name (Last, First, Middle Initial)
B. Mr. Jason Miller MPH

Mailing Address 21 Bridgeway Road

City North Little Rock State AR Zip Code 72113-9514

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

Name of Employer BridgeWay, The Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409338

Amount of Each Receipt this Period
227.50

Full Name (Last, First, Middle Initial)
C. Mr. Ron Peterson FACHE

Mailing Address 624 Hospital Drive

City Mountain Home State AR Zip Code 72653-2955

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409342

Amount of Each Receipt this Period
342.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **797.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert Rupp		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 22409343
Mailing Address 1205 McLain Street		Amount of Each Receipt this Period 227.50
City Newport	State AR	Zip Code 72112-3533
FEC ID number of contributing federal political committee. C	Name of Employer Harris Hospital	Occupation Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

Full Name (Last, First, Middle Initial) B. Mr. Robert Ryall		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 22409344
Mailing Address 419 Natural Resources Drive		Amount of Each Receipt this Period 650.00
City Little Rock	State AR	Zip Code 72205-1576
FEC ID number of contributing federal political committee. C	Name of Employer Arkansas Hospital Association	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Ms. Rosi Smith		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 22409345
Mailing Address 1 Children's Way		Amount of Each Receipt this Period 227.50
City Little Rock	State AR	Zip Code 72202-3500
FEC ID number of contributing federal political committee. C	Name of Employer Arkansas Children's Hospital	Occupation Government Relations Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Jodiane Tritt

Mailing Address 419 Natural Resources Drive

City Little Rock	State AR	Zip Code 72205-1576
---------------------	-------------	------------------------

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

Name of Employer Arkansas Hospital Association	Occupation Vice President Government Relations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409346

Amount of Each Receipt this Period
650.00

Full Name (Last, First, Middle Initial)
B. Mr. Troy R Wells

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock	State AR	Zip Code 72205-7202
---------------------	-------------	------------------------

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

Name of Employer Baptist Health	Occupation Chief Executive Officer
------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409347

Amount of Each Receipt this Period
325.00

Full Name (Last, First, Middle Initial)
C. Ms. Barbara Williams PhD

Mailing Address 13612 Rivercrest Drive

City Little Rock	State AR	Zip Code 72212-1460
---------------------	-------------	------------------------

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

Name of Employer Conway Regional Medical Center	Occupation Board Member
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 22409348

Amount of Each Receipt this Period
227.50

SUBTOTAL of Receipts This Page (optional).....▶	1202.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Michael Scott Peek
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 639

City Danville State AR Zip Code 72833-0639

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

Name of Employer Chambers Memorial Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2015
Transaction ID : 22409378

Amount of Each Receipt this Period
227.50

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

Mailing Address 1520 Cherokee Trail Suite 200

City Knoxville State TN Zip Code 37920-2239

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

Name of Employer University of Tennessee Medical Center Occupation President and Chief Executive Officer

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
04 / 16 / 2015
Transaction ID : 22409747

Amount of Each Receipt this Period
800.00

C. Mr. Jason Little
Full Name (Last, First, Middle Initial)

Mailing Address 350 North Humphreys Boulevard

City Memphis State TN Zip Code 38120-2177

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

Name of Employer Baptist Memorial Health Care Corporati Occupation President and Chief Executive Officer

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
04 / 16 / 2015
Transaction ID : 22409748

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1827.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David R Posch		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2015 Transaction ID : 22409750
Mailing Address 1301 Medical Center Drive Ste. 3812 TVC		Amount of Each Receipt this Period 800.00
City Nashville	State TN	
Zip Code 37232-0028		Aggregate Year-to-Date ▼ 800.00
FEC ID number of contributing federal political committee. C		
Name of Employer Vanderbilt Hospital and Clinics	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Christine Bradley		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2015 Transaction ID : 22409751
Mailing Address 2007 Terrace Place		Amount of Each Receipt this Period 400.00
City Nashville	State TN	
Zip Code 37203-2412		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Vanderbilt Hospital and Clinics	Occupation Asst. Vice Chancellor, Government Rela	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. David Entwistle		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2015 Transaction ID : 22409766
Mailing Address 50 North Medical Drive		Amount of Each Receipt this Period 1000.00
City Salt Lake City	State UT	
Zip Code 84132-0001		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer University of Utah Health Care - Hospi	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul Korth
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 340

City Cookeville State TN Zip Code 38503-0340

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

Name of Employer Cookeville Regional Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 16 / 2015
Transaction ID : 22409767

Amount of Each Receipt this Period
400.00

B. Mr. Scott Bowman
Full Name (Last, First, Middle Initial)

Mailing Address 304 Wright Street

City Sweetwater State TN Zip Code 37874-2897

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

Name of Employer Sweetwater Hospital Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 16 / 2015
Transaction ID : 22409768

Amount of Each Receipt this Period
400.00

C. Mr. Thomas H Gee
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1030

City Paris State TN Zip Code 38242-1030

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

Name of Employer Henry County Medical Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 16 / 2015
Transaction ID : 22409769

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bobby Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 620 Skyline Drive

City Jackson State TN Zip Code 38301-3923

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

Name of Employer West Tennessee Healthcare Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 22409770

Amount of Each Receipt this Period 800.00

B. Mr. Craig A Becker
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Virginia Way

City Brentwood State TN Zip Code 37027-7540

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

Name of Employer Tennessee Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 22409771

Amount of Each Receipt this Period 1600.00

C. Matthew Bailey FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 4681 E. County Road 100 S.

City Avon State IN Zip Code 46123-8336

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

Name of Employer Indiana University Health West Hospita Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 22409818

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Raymond Grady
Full Name (Last, First, Middle Initial)
Mailing Address 2239 Charter Pointe Drive
City Arlington Heights State IL Zip Code 60004-7226
FEC ID number of contributing federal political committee. **C**
Name of Employer Methodist Hospitals Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 22409820
Amount of Each Receipt this Period 500.00

B. Mr. John M Horner
Full Name (Last, First, Middle Initial)
Mailing Address 2347 Saddle Drive
City Shelbyville State IN Zip Code 46176-1236
FEC ID number of contributing federal political committee. **C**
Name of Employer Major Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 22409821
Amount of Each Receipt this Period 500.00

C. Mr. Robert D McLin
Full Name (Last, First, Middle Initial)
Mailing Address 5506 N. Water Tower Road
City Bruceville State IN Zip Code 47516-6035
FEC ID number of contributing federal political committee. **C**
Name of Employer Good Samaritan Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 22409822
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul L Usher
 Full Name (Last, First, Middle Initial)
 Mailing Address 637 Laura Lane
 PO Box 97
 City Sweetser State IN Zip Code 46987-0097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marion General Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22409824
 Amount of Each Receipt this Period
 500.00

B. Mr. David H. Wiesman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4521 Hickory Grove Blvd.
 City Greenwood State IN Zip Code 46143-7448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana Hospital Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22409825
 Amount of Each Receipt this Period
 500.00

c. Mr. Joseph W Devine FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Mimosa Drive
 City Sewell State NJ Zip Code 08080-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22409857
 Amount of Each Receipt this Period
 1300.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Aline M. Holmes RN, APN, M		Date of Receipt
Mailing Address 19 Ashford Drive		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code Plainsboro NJ 08536-3632		Transaction ID : 22409864
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1300.00"/>
Name of Employer New Jersey Hospital Association	Occupation Senior VP, Clinical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Cheryl L Hoying PhD, RN, N		Date of Receipt
Mailing Address 3333 Burnet Avenue		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code Cincinnati OH 45229-3026		Transaction ID : 22409970
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Cincinnati Children's Hospital Medical	Occupation Senior Vice President, Patient Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Ryan Biles		Date of Receipt
Mailing Address 1503 Runaway Bay Drive Suite 1B		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code Columbus OH 43204-4814		Transaction ID : 22409977
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="625.00"/>
Name of Employer Ohio Hospital Association	Occupation Director, Health Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2425.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Clifford R. Lehman
Full Name (Last, First, Middle Initial)
Mailing Address 448 Strathaven

City Findlay	State OH	Zip Code 45840-7468
-----------------	-------------	------------------------

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

Name of Employer Ohio Hospital Association	Occupation Senior Vice President Services & Opera
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

Transaction ID : 22409979

Amount of Each Receipt this Period
650.00

B. Mr. Sean McGlone
Full Name (Last, First, Middle Initial)
Mailing Address 155 East Broad Street

City Columbus	State OH	Zip Code 43215-3609
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association	Occupation Senior Vice President, General Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

Transaction ID : 22409980

Amount of Each Receipt this Period
625.00

C. Dr. William H Kose MD
Full Name (Last, First, Middle Initial)
Mailing Address 4578 TR 25

City Rawson	State OH	Zip Code 45881-9720
----------------	-------------	------------------------

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

Name of Employer Blanchard Valley Hospital	Occupation Senior Vice President Medical Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

Transaction ID : 22409985

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Olas A Hubbs III FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 17800 Willow Wood Dr
 City Marysville State OH Zip Code 43040-5512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22409986
 Amount of Each Receipt this Period
 1250.00

B. Mr. Michael Abrams
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 East Broad Street
 City Columbus State OH Zip Code 43215-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22409987
 Amount of Each Receipt this Period
 1500.00

C. Mr. Bruce James
 Full Name (Last, First, Middle Initial)
 Mailing Address 659 Boulevard
 City Dover State OH Zip Code 44622-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union 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
 04 / 17 / 2015
Transaction ID : 22409990
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms Maggie Coleman
Full Name (Last, First, Middle Initial)
Mailing Address 1730 Iroquois Trail

City Hastings	State MI	Zip Code 49058-9758
------------------	-------------	------------------------

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

Name of Employer Pennock Health Services	Occupation Trustee
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2015

Transaction ID : 22410018

Amount of Each Receipt this Period
262.50

B. Mr. J. Paul Conway
Full Name (Last, First, Middle Initial)
Mailing Address 44010 Deep Hollow Circle

City Northville	State MI	Zip Code 48168-8412
--------------------	-------------	------------------------

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

Name of Employer Oakwood Healthcare, Inc.	Occupation Sr. Vice President - Human Resources
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2015

Transaction ID : 22410019

Amount of Each Receipt this Period
350.00

C. Dr. Michael Geheb MD
Full Name (Last, First, Middle Initial)
Mailing Address 645 Lone Pine Rd

City Bloomfield Hills	State MI	Zip Code 48304-3331
--------------------------	-------------	------------------------

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

Name of Employer Oakwood Hospital-Dearborn	Occupation Division President
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2015

Transaction ID : 22410021

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Edith M Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 24498 E River Road
 City State Zip Code
 Grosse Ile MI 48138-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oakwood Hospital-Southshore President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22410023
 Amount of Each Receipt this Period
 262.50

B. Ms. Barbara Medvec
 Full Name (Last, First, Middle Initial)
 Mailing Address 5686 Briar Glen
 City State Zip Code
 Saline MI 48176-9537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oakwood Healthcare, Inc. Chief Nursing Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22410026
 Amount of Each Receipt this Period
 262.50

C. Mr. Randall D Oostra FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Richards Road
 City State Zip Code
 Toledo OH 43607-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProMedica Health System President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22410028
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Francine M Padgett		Date of Receipt
Mailing Address 4005 Orchard Drive		M M / D D / Y Y Y Y Y 04 / 17 / 2015
City	State	Zip Code
Midland	MI	48670-0001
FEC ID number of contributing federal political committee.		Transaction ID : 22410029
C		Amount of Each Receipt this Period
		262.50
Name of Employer	Occupation	
MidMichigan Health	Senior Vice President and Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	262.50	

Full Name (Last, First, Middle Initial) B. Dr. Diane Postler-Slattry PhD		Date of Receipt
Mailing Address 410 Sherwood Lane		M M / D D / Y Y Y Y Y 04 / 17 / 2015
City	State	Zip Code
Midland	MI	48642
FEC ID number of contributing federal political committee.		Transaction ID : 22410032
C		Amount of Each Receipt this Period
		350.00
Name of Employer	Occupation	
MidMichigan Health	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	350.00	

Full Name (Last, First, Middle Initial) C. Mr. David N Keith FACHE		Date of Receipt
Mailing Address P O Box 1228		M M / D D / Y Y Y Y Y 04 / 16 / 2015
City	State	Zip Code
McAlester	OK	74502-1228
FEC ID number of contributing federal political committee.		Transaction ID : 22410078
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
McAlester Regional Health Center	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	862.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Pamela Rudisill DNP, RN, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 17225 Royal Court Drive
 City Davidson State NC Zip Code 28036-7843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Health Systems, Inc. Occupation Senior Vice President/CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22415068
 Amount of Each Receipt this Period
 350.00

B. Ms Darla K Watanabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 Baltic Circle Unit 401
 City Redwood City State CA Zip Code 94065-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford Health Care Occupation Patient Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22415075
 Amount of Each Receipt this Period
 350.00

C. Ms. Helene M Burns MSN, RN, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Westberry Drive
 City Berlin State NJ Zip Code 08009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Occupation Chief Nursing Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22415190
 Amount of Each Receipt this Period
 350.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Maureen Swick RN, PhD, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Blair Ct
 City Ocean State NJ Zip Code 07712-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Health System Occupation Senior Vice President, Chief Nurse Exe
 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
 04 / 16 / 2015
Transaction ID : 22415191
 Amount of Each Receipt this Period
 1000.00

B. Linda J Knodel MHA, MSN,
 Full Name (Last, First, Middle Initial)
 Mailing Address 3606 N Thistle Wood Ct
 City Springfield State MO Zip Code 65803-6401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Springfield Occupation Senior Vice President and Chief Nursin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22415211
 Amount of Each Receipt this Period
 350.00

C. Ms. Carol Bradley MSN, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 NW Lovejoy Street
 City Portland State OR Zip Code 97209-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legacy Health Occupation Senior Vice President and Chief Nursin
 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
 04 / 16 / 2015
Transaction ID : 22415212
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Laura J Caramanica PhD, RN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 280 Meeting Street
 City Marietta State GA Zip Code 30060-2591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellStar Kennestone Hospital Occupation Vice President and Chief Nursing Office
 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
 04 / 16 / 2015
Transaction ID : 22415224
 Amount of Each Receipt this Period
 500.00

B. Ms. Theresa Pando RN, MA
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Meadbrook Road
 City Garden City State NY Zip Code 11530-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Island Jewish Medical Center Occupation Deputy Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22415278
 Amount of Each Receipt this Period
 350.00

C. Ms. Claire Murray MS, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Lois Ln
 City Schenectady State NY Zip Code 12304-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Organization of Nurse Executi Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22415279
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeffery L Hudson RN, MSN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 31734 Mill Dr
 City Springville State CA Zip Code 93265-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sierra View District Hospital Vice President, Patient Care Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : 22415327
 Amount of Each Receipt this Period
 500.00

B. Mr. Stephen F Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Masonic Drive
 City Alexandria State LA Zip Code 71301-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CHRISTUS Highland Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419102
 Amount of Each Receipt this Period
 500.00

C. Mr. Bill Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Gause Boulevard
 City Slidell State LA Zip Code 70458-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Slidell Memorial Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419103
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Isaac Palmer

Mailing Address One St Mary Place

City State Zip Code
Shreveport LA 71101-4343

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

Name of Employer Occupation
CHRISTUS Highland Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419104

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Clifford M Broussard FACHE

Mailing Address 2400 Hospital Drive

City State Zip Code
Bossier City LA 71111-2385

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

Name of Employer Occupation
WK Bossier Health Center Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419105

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. K Scott Wester FACHE

Mailing Address 5000 Hennessy Boulevard

City State Zip Code
Baton Rouge LA 70808-4375

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

Name of Employer Occupation
Our Lady of the Lake Regional Medical President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419106

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Teri G Fontenot FACHE		Date of Receipt
Mailing Address P O Box 95009		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Baton Rouge	LA	70895-9009
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 22419108
Woman's Hospital	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Mr. Larry M Graham FACHE		Date of Receipt
Mailing Address 1701 Oak Park Boulevard		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lake Charles	LA	70601-8911
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 22419109
Lake Charles Memorial Hospital	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	<input type="text" value="750.00"/>

Full Name (Last, First, Middle Initial) C. Mr. Robert L. Burgess		Date of Receipt
Mailing Address 1125 West Highway 30		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Gonzales	LA	70737-5004
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 22419110
St. Elizabeth Hospital	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Patrick J Quinlan MD, MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419111
 Amount of Each Receipt this Period
 750.00

B. Ms. Cindy Nuesslein
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Perdido Street
 City New Orleans State LA Zip Code 70112-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interim LSU Public Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419112
 Amount of Each Receipt this Period
 750.00

C. Mr. Sean M. Prados FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9521 Brookline Avenue
 City Baton Rouge State LA Zip Code 70809-8409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana Hospital Association Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419113
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul A. Salles
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Severn Avenue, Suite 210
 City State Zip Code
 Metairie LA 70001-6942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Louisiana Hospital Association President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419114
 Amount of Each Receipt this Period
 1000.00

B. Mr. Timothy J. Allen FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Highway 1
 City State Zip Code
 Raceland LA 70394-2623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner St. Anne General Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419115
 Amount of Each Receipt this Period
 250.00

c. Ms. Sue Knight CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 W Highway 30
 City State Zip Code
 Gonzales LA 70737-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Elizabeth Hospital Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419116
 Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Todd Eppler FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 920
 City Springhill State LA Zip Code 71075-0920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer De Soto Regional Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419117
 Amount of Each Receipt this Period
 250.00

B. Ms Lisa Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Perdido Street
 City New Orleans State LA Zip Code 70112-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interim LSU Public Hospital Occupation SVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419118
 Amount of Each Receipt this Period
 250.00

C. Mr. William F Barrow II
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Saint Landry St
 City Lafayette State LA Zip Code 70506-4627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Our Lady of Lourdes Regional Medical C Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419119
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Nancy R Hellyer RN, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Masonic Drive
 City Alexandria State LA Zip Code 71301-3841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS St. Frances Cabrini Hospital 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
 04 / 24 / 2015
Transaction ID : 22419120
 Amount of Each Receipt this Period
 250.00

B. Ms. Donna Shields
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation VP Patient Care
 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
 04 / 24 / 2015
Transaction ID : 22419121
 Amount of Each Receipt this Period
 250.00

C. Ms. Bernita Loyd- Brown , LD, LDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Blvd
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Vice President, Support Services
 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
 04 / 24 / 2015
Transaction ID : 22419122
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Timothy O Coffey		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 22419123
Mailing Address 1701 Oak Park Boulevard		Amount of Each Receipt this Period 250.00
City Lake Charles	State LA	Zip Code 70601-8911
FEC ID number of contributing federal political committee. C	Name of Employer Lake Charles Memorial Hospital	Occupation Senior Vice President Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Todd Delahoussaye MBA		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 22419124
Mailing Address 1701 Oak Park Boulevard		Amount of Each Receipt this Period 300.00
City Lake Charles	State LA	Zip Code 70601-8911
FEC ID number of contributing federal political committee. C	Name of Employer Lake Charles Memorial Hospital	Occupation Sr. VP, Specialty & Physician Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms. Marilyn McSwain RNC, MSN		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 22419125
Mailing Address 1900 West Gauthier Road		Amount of Each Receipt this Period 225.00
City Lake Charles	State LA	Zip Code 70605-7170
FEC ID number of contributing federal political committee. C	Name of Employer Lake Charles Memorial Hospital for Wom	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Kevin Mocklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City State Zip Code
 Lake Charles LA 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lake Charles Memorial Hospital Director Medical Staff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419126
 Amount of Each Receipt this Period
 225.00

B. Mr. Rick D. Wallace FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 West Maple Street
 City State Zip Code
 Farmington NM 87401-5630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Juan Regional Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 22419267
 Amount of Each Receipt this Period
 250.00

C. Ms. Elaine Couture BSN, MBA,
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2555
 City State Zip Code
 Spokane WA 99220-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Providence Sacred Heart Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 22419273
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 54 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. Steven Mulder MD

Mailing Address 1095 Highway 15 South

City State Zip Code
Hutchinson MN 55350-3182

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

Name of Employer Occupation
Hutchinson Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 22419304

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Kevin E Coughlin

Mailing Address 1 Hospital Drive

City State Zip Code
Lowell MA 01852-1311

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

Name of Employer Occupation
Saints Medical Center Vice President Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419328

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr. Steven MacLauchlan MHSA

Mailing Address 61 Columbus Road

City State Zip Code
Boylston MA 01505-1429

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

Name of Employer Occupation
Saint Vincent Hospital President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419329

Amount of Each Receipt this Period
562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Edward Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 14 Prospect Street

City Milford State MA Zip Code 01757-3090

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

Name of Employer Milford Regional Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 22419330

Amount of Each Receipt this Period
375.00

B. Mr Charles Pu
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Cambridge Street

City Cambridge State MA Zip Code 02138-4308

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

Name of Employer Spaulding Hospital for Continuing Medi Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
04 / 24 / 2015
Transaction ID : 22419331

Amount of Each Receipt this Period
262.50

C. Mr. Edward Feldmann
Full Name (Last, First, Middle Initial)

Mailing Address 67 E. Greenwich Road

City Longmeadow State MA Zip Code 01106-1257

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

Name of Employer Baystate Health, Inc. Occupation Chief, Neurology Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 22419342

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1012.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathy Schuler RN, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Alpine Circle
 City Wakefield State MA Zip Code 01880-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Hospital Occupation Vice President of Patient Care Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419344
 Amount of Each Receipt this Period
 262.50

B. Ms. Mary T Sweeney
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Highland Avenue
 City Winchester State MA Zip Code 01890-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Hospital Occupation Vice President, Strategic Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419345
 Amount of Each Receipt this Period
 375.00

C. Ms. Michele A Talka
 Full Name (Last, First, Middle Initial)
 Mailing Address 280 Chestnut St. Att:Compensation
 City Springfield State MA Zip Code 01144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Health, Inc. Occupation VP, Human Resources Operation & Total
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 22419346
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Michael R Perry MD
Full Name (Last, First, Middle Initial)
Mailing Address 1045 West Stephenson Street
City Freeport State IL Zip Code 61032-4864
FEC ID number of contributing federal political committee. **C**
Name of Employer FHN Memorial Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 27 / 2015
Transaction ID : 22419368
Amount of Each Receipt this Period 800.00

B. Mr. James R Prister
Full Name (Last, First, Middle Initial)
Mailing Address 5601 South County Line Road
City Hinsdale State IL Zip Code 60521-4875
FEC ID number of contributing federal political committee. **C**
Name of Employer RML Specialty Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2015
Transaction ID : 22419369
Amount of Each Receipt this Period 400.00

C. Mr. Jose R Sanchez LCSW
Full Name (Last, First, Middle Initial)
Mailing Address 1044 North Francisco Avenue
City Chicago State IL Zip Code 60622-2743
FEC ID number of contributing federal political committee. **C**
Name of Employer Norwegian American Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 27 / 2015
Transaction ID : 22419370
Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. James C Leonard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 West Park Street
 City Urbana State IL Zip Code 61801-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carle Foundation Hospital 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
 04 / 27 / 2015
Transaction ID : 22419371
 Amount of Each Receipt this Period
 1200.00

B. Mr. Jim H Skogsbergh
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 Windsor Drive
 City Oak Brook State IL Zip Code 60523-1586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Health Care 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
 04 / 27 / 2015
Transaction ID : 22419372
 Amount of Each Receipt this Period
 1200.00

C. Mr. Bradford W Dykes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2533 E. Sailor Lane
 City Bloomington State IN Zip Code 47401-8194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University Health Bedford Hosp Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 22419385
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Douglas J Leonard FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Benthaven Dr. East
 City Bargersville State IN Zip Code 46106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana 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
 04 / 28 / 2015
Transaction ID : 22419386
 Amount of Each Receipt this Period
 1000.00

B. Ms Elizabeth Aderholt
 Full Name (Last, First, Middle Initial)
 Mailing Address 8077 Hawkcrest Drive
 City Grand Blanc State MI Zip Code 48439-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesys Health System Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 22419387
 Amount of Each Receipt this Period
 1050.00

C. Mr. Thomas Bres
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 30480
 City Lansing State MI Zip Code 48909-7980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sparrow Hospital Occupation Vice President and Chief Administrativ
 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
 04 / 28 / 2015
Transaction ID : 22419393
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	2312.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Garry Macak

Mailing Address P.O. Box 329

City State Zip Code
Dimondale MI 48821-0329

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

Name of Employer Occupation
Michigan Health & Hospital Association Controller, For-Profit Activities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 22419403

Amount of Each Receipt this Period
245.00

Full Name (Last, First, Middle Initial)
B. Mr. David Marcellino

Mailing Address 41511 Thoreau Ridge

City State Zip Code
Novi MI 48377-2853

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

Name of Employer Occupation
Botsford Hospital Corporate Executive Vice President and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 22419404

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Ms. Paula Reichle

Mailing Address 919 Hagadorn Road

City State Zip Code
Mason MI 48854-9336

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

Name of Employer Occupation
Sparrow Health System Senior Vice President and Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : 22419407

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Anne E. Cramer

Mailing Address 153 Packard Road

City State Zip Code
Jericho VT 05465-2025

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

Name of Employer Occupation
Vermont Association of Hospitals & Hea Legal Counsel VTHA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422051

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
Concord NH 03301-7300

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

Name of Employer Occupation
New Hampshire Hospital Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422053

Amount of Each Receipt this Period
45.50

Full Name (Last, First, Middle Initial)
C. Ms. Sandra L Coletta

Mailing Address 455 Tollgate Road

City State Zip Code
Warwick RI 02886-2759

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

Name of Employer Occupation
Care New England Health System Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422060

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **745.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James B Falahee Jr
Full Name (Last, First, Middle Initial)

Mailing Address 7463 Cottage Oak Drive

City Portage State MI Zip Code 49024-2352

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

Name of Employer Bronson Healthcare Group, Inc. Occupation Senior Vice President Legal and Legislat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422245

Amount of Each Receipt this Period
 525.00

B. Ms Jean Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 18273 Woodbury Court

City Northville State MI Zip Code 48168-8844

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

Name of Employer Providence Park Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422252

Amount of Each Receipt this Period
 350.00

C. Mr. Frank J Sardone
Full Name (Last, First, Middle Initial)

Mailing Address 601 John Street

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 President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422254

Amount of Each Receipt this Period
 525.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Paul M Shirilla

Mailing Address 2124 Twin Eagles Drive

City State Zip Code
Traverse City MI 49686-9306

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

Name of Employer Occupation
Munson Healthcare Vice President and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422255

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Kenneth L Taft

Mailing Address 301 John Street

City State Zip Code
Kalamazoo MI 49007-5295

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

Name of Employer Occupation
Bronson Methodist Hospital Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 22422257

Amount of Each Receipt this Period
280.00

Full Name (Last, First, Middle Initial)
C. Mr. Timothy H Moore

Mailing Address 830 South Gloster Street

City State Zip Code
Tupelo MS 38801-4934

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

Name of Employer Occupation
Mississippi Hospital Association President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 22422281

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1292.50

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

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

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

FOR LINE NUMBER: PAGE 64 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Randall G Nyp FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 North 1495 Road
 City Lawrence State KS Zip Code 66049-9189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 22422296
 Amount of Each Receipt this Period
 275.00

B. Mr. Randall Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 SW Tenth Avenue
 City Topeka State KS Zip Code 66604-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stormont-Vail HealthCare 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
 04 / 30 / 2015
Transaction ID : 22422299
 Amount of Each Receipt this Period
 500.00

C. Mr. Joseph L Woodin
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2000
 City Randolph State VT Zip Code 05060-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gifford Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 22422494
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Maureen Banks RN, FACHE,		Date of Receipt
Mailing Address Dove Avenue		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Salem	MA	01970-2999
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 22454121
Name of Employer	Occupation	Amount of Each Receipt this Period
Spaulding Rehabilitation Hospital	Chief Operating Officer	<input type="text" value="562.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="562.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Judith Melin		Date of Receipt
Mailing Address 41 Mall Road		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Burlington	MA	01805-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 22454122
Name of Employer	Occupation	Amount of Each Receipt this Period
Lahey Hospital & Medical Center, Burli	Chief Medical Services Officer	<input type="text" value="262.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="262.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr John Connelly		Date of Receipt
Mailing Address 174 Point Rd		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Marion	MA	02738-1931
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 22454124
Name of Employer	Occupation	Amount of Each Receipt this Period
Beth Israel Deaconess Hospital-Needham	Trustee	<input type="text" value="375.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Trish Hannon FACHE
Full Name (Last, First, Middle Initial)
Mailing Address 125 Parker Hill Avenue
City Roxbury Crossing State MA Zip Code 02120-2847
FEC ID number of contributing federal political committee. **C**
Name of Employer New England Baptist Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 17 / 2015
Transaction ID : 22454125
Amount of Each Receipt this Period 750.00

B. Mr. Edward H Moore
Full Name (Last, First, Middle Initial)
Mailing Address 100 South Street
City Southbridge State MA Zip Code 01550-4051
FEC ID number of contributing federal political committee. **C**
Name of Employer Harrington Memorial Hospital Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 17 / 2015
Transaction ID : 22454129
Amount of Each Receipt this Period 750.00

C. Dr. Scott L Rauch MD
Full Name (Last, First, Middle Initial)
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 President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 17 / 2015
Transaction ID : 22454133
Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 67 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John O Wilhelm Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Old Road to Nine Acre Corner
 City State Zip Code
 Concord MA 01742-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerson Hospital Senior Vice President and Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22454135
 Amount of Each Receipt this Period
 375.00

B. Ms Betty LaRue MN, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Uplands Drive
 City State Zip Code
 West Hartford CT 06107-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baystate Medical Center Vice President Heart and Vascular Neur
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22454137
 Amount of Each Receipt this Period
 262.50

C. Mr. Francis M Saba
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Prospect Street
 City State Zip Code
 Milford MA 01757-3090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Milford Regional Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 22454140
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 22454164

Amount of Each Receipt this Period
 130.00

B. Ms. Merry Beth Kraus
Full Name (Last, First, Middle Initial)

Mailing Address 1445 N. Clinton Place

City River Forest State IL Zip Code 60305-1205

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

Name of Employer American Hospital Association-Chicago Occupation Director, Constituency Section

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 3278574

Amount of Each Receipt this Period
 500.00

C. Ms. Melinda Reid Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR1045726234581

Amount of Each Receipt this Period
 76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 706.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David Schulke		Date of Receipt MM / DD / YYYY 04 / 30 / 2015
Mailing Address 155 N. Wacker Dr.		Transaction ID : PR1057462134581
City Chicago	State IL	Zip Code 60606-1709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation VP Research Programs	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	

Full Name (Last, First, Middle Initial) B. Mr. Dale A Kirby		Date of Receipt MM / DD / YYYY 04 / 30 / 2015
Mailing Address P O Box 331		Transaction ID : PR1125892334581
City Colusa	State CA	Zip Code 95932-0331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	

Full Name (Last, First, Middle Initial) C. Mr. Erik Rasmussen		Date of Receipt MM / DD / YYYY 04 / 30 / 2015
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR1819487934581
City Washington	State DC	Zip Code 20004-2801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.94
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Linda Fishman
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR327629134581

Amount of Each Receipt this Period **76.94**

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

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

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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR327771634581

Amount of Each Receipt this Period **76.94**

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

C. Ms. Debra J. Stock
Full Name (Last, First, Middle Initial)

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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR327777834581

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional)..... **230.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR327812034581

Amount of Each Receipt this Period **76.94**

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

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR327858034581

Amount of Each Receipt this Period **76.94**

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

Full Name (Last, First, Middle Initial)
C. 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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR327877834581

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 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 ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR327895734581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Thomas J. Bonner FACHE
 Full Name (Last, First, Middle Initial)
 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 ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR327983734581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Richard J. Umbdenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR328132834581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR328136934581

Amount of Each Receipt this Period **76.94**

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

Full Name (Last, First, Middle Initial)
B. 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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR328223834581

Amount of Each Receipt this Period **76.94**

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

Full Name (Last, First, Middle Initial)
C. 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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR328241434581

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional)..... **230.82**

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

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

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

FOR LINE NUMBER: PAGE 74 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

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

Name of Employer Occupation
American Hospital Association-Washingt Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.76

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR328260934581

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
B. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

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

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.76

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR328511834581

Amount of Each Receipt this Period
76.94

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

Full Name (Last, First, Middle Initial)
C. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code
Arlington VA 22205-2726

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

Name of Employer Occupation
American Hospital Association-Washingt Senior Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.76

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR328512034581

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.82

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony S Burke
 Full Name (Last, First, Middle Initial)
 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 ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR328913334581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Dr. John R. Combes
 Full Name (Last, First, Middle Initial)
 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 & Chief Operating Officer, C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR329071334581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Robyn L. Bash
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR329084434581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. W. Thomas Deweese
Full Name (Last, First, Middle Initial)

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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR329215734581

Amount of Each Receipt this Period **76.94**

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

B. Mr. Thomas Misfeldt
Full Name (Last, First, Middle Initial)

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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR330411634581

Amount of Each Receipt this Period **76.94**

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

C. Mr. Paul N. Muraca
Full Name (Last, First, Middle Initial)

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 ▼ **307.76**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR330475434581

Amount of Each Receipt this Period **76.94**

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

SUBTOTAL of Receipts This Page (optional)..... **230.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Eileen O'Keefe
 Full Name (Last, First, Middle Initial)
 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 ▼ 307.76

Date of Receipt 04 / 30 / 2015
Transaction ID : PR330549234581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 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 ▼ 307.76

Date of Receipt 04 / 30 / 2015
Transaction ID : PR331304234581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt 04 / 30 / 2015
Transaction ID : PR518031934581
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.82
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. 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 ▼ **307.76**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR766023734581

Amount of Each Receipt this Period
76.94

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

B. Full Name (Last, First, Middle Initial)

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

C. Full Name (Last, First, Middle Initial)

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).....▶	76.94
TOTAL This Period (last page this line number only).....▶	91852.48

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 93
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1215 K Street
Suite 800

City Sacramento State CA Zip Code 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
135000.00

Date of Receipt
04 / 14 / 2015

Transaction ID : 22406693

Amount of Each Receipt this Period
135000.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
3350.00

Date of Receipt
04 / 29 / 2015

Transaction ID : 22422049

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
4350.00

Date of Receipt
04 / 29 / 2015

Transaction ID : 22422050

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	136750.00
TOTAL This Period (last page this line number only).....▶	136750.00

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

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

FOR LINE NUMBER: PAGE 80 OF 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mentzer Media Services, Inc.

Mailing Address 600 Fairmount Avenue
Suite 306

City Towson State MD Zip Code 21286

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256999.36

Date of Receipt
MM / DD / YYYY
04 / 14 / 2015
Transaction ID : 22451585

Amount of Each Receipt this Period
256999.36

Refund

B. Full Name (Last, First, Middle Initial)

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
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	256999.36
TOTAL This Period (last page this line number only).....▶	256999.36

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
598.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 22451583

Amount of Each Receipt this Period
168.80

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).....▶	168.80
TOTAL This Period (last page this line number only).....▶	168.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22451578

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22451579

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22451581

Amount of Each Disbursement this Period

Merchant Fees

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

001
Category/ Type

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
04		15		2015

Transaction ID : 22451582

Amount of Each Disbursement this Period

199.81

Bank Fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D 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)..... ▶

199.81

487.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409287

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Danny K. Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409288

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Elect Blake Farenthold Committee

Mailing Address P.O. Box 3369

City Corpus Christi State TX Zip Code 78463

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Blake Farenthold

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 27

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409289

Amount of Each Disbursement this Period

1000.00

Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph A. Kennedy III

Office Sought: House
 Senate
 President
State: MA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409290

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jason T. Smith

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409291

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Wilson

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409292

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. CBC PAC: Congressional Black Caucus PAC

Mailing Address 509 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

CBC PAC: Congressional Black Caucus PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409293

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition Political Action Committee

Mailing Address 700 13th Street N.W., Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

New Democrat Coalition Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409294

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. ROYB - Rely on Your Beliefs Fund

Mailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2015 Contribution

011

Candidate Name

ROYB - Rely on Your Beliefs Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409295

Amount of Each Disbursement this Period

1000.00

2015 Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Searchlight Leadership Fund

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Searchlight Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409296

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Todd Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409297

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Country Roads PAC

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Country Roads PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : 22409299

Amount of Each Disbursement this Period

5000.00

2015 Contribution

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2018 Contribution

Candidate Name
Sen. Orrin Grant Hatch

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: UT District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422469

Amount of Each Disbursement this Period

2500.00

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mark Steven Kirk

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422475

Amount of Each Disbursement this Period

1000.00

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 President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422476

Amount of Each Disbursement this Period

1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Butterfield For Congress

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. George K. Butterfield

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 22422477

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mooney For Congress

Mailing Address P.o. Box 1863

City State Zip Code
Martinsburg WV 25402

Purpose of Disbursement
Contribution

011

Candidate Name

Alex Mooney

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 22422479

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McNerney For Congress

Mailing Address P.O. Box 690371

City State Zip Code
Stockton CA 95269

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jerry McNerney

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 22422480

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Promoting our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Promoting our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422481

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

B. True North PAC

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503-5774

Purpose of Disbursement
2015 Contribution

011

Candidate Name

True North PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422482

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422484

Amount of Each Disbursement this Period

4000.00

Contribution

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

14000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Katherine Castor

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 22422485

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Jeff B. Miller

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 22422486

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Patrick Murphy

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 22422487

Amount of Each Disbursement this Period

5000.00

Contribution

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. LoBiondo For Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Frank A. LoBiondo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422489

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rob Wittman For Congress

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robert J. Wittman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422490

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Paul D. Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 22422491

Amount of Each Disbursement this Period

5000.00

Contribution

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Paul D. Ryan

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 22422492

Amount of Each Disbursement this Period

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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