

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sytems (CA-HHS)

ADDRESS (number and street) 1215 K Street, Suite 800
 Check if different than previously reported. (ACC)
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00237495
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer J. Richard Eichman

Signature of Treasurer Electronically Filed by J. Richard Eichman Date 07 08 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hospitals & Health Systems (CA-HHS)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		5397.27
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	20606.19									
(c) Total Receipts (from Line 19)	33429.76	99511.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54035.95	104908.89								
7. Total Disbursements (from Line 31)	31908.69	82781.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22127.26	22127.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hospitals & Health Sytems (CA-HHS)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	32547.24	94431.04
(i) Itemized (use Schedule A)		
(ii) Unitemized	882.52	5080.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33429.76	99511.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33429.76	99511.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33429.76	99511.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33429.76	99511.62

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1008.69	1881.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1008.69	1881.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	50000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5900.00	5900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	25000.00	25000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31908.69	82781.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31908.69	82781.63

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33429.76	99511.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33429.76	99511.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1008.69	1881.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1008.69	1881.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Lynne Ashbeck	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1625 East Shaw Avenue Suite 139	Transaction ID: INC.A.6493
	City State Zip Code Fresno CA 93710	Amount of Each Receipt this Period 312.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCNCC - Central Coast, Fresno/Madera. Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 937.50	

B.	Full Name (Last, First, Middle Initial) Lynne Ashbeck	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1625 East Shaw Avenue Suite 139	Transaction ID: INC.A.6679
	City State Zip Code Fresno CA 93710	Amount of Each Receipt this Period 312.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCNCC - Central Coast, Fresno/Madera. Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 937.50	

C.	Full Name (Last, First, Middle Initial) Jim Barber	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 515 S. Figueroa Street Suite 1300	Transaction ID: INC.A.6505
	City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 108.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital Association of Southern Calif Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 597.85	

SUBTOTAL of Receipts This Page (optional)	733.70
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Jim Barber		Date of Receipt	
	Mailing Address 515 S. Figueroa Street Suite 1300		M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6564
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		108.70	
Name of Employer Hospital Association of Southern Calif		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.85		

B.	Full Name (Last, First, Middle Initial) Jim Barber		Date of Receipt	
	Mailing Address 515 S. Figueroa Street Suite 1300		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6593
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		108.70	
Name of Employer Hospital Association of Southern Calif		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.85		

C.	Full Name (Last, First, Middle Initial) Jim Barber		Date of Receipt	
	Mailing Address 515 S. Figueroa Street Suite 1300		M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6635
	Los Angeles	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		108.70	
Name of Employer Hospital Association of Southern Calif		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.85		

SUBTOTAL of Receipts This Page (optional)	326.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Sue Bartlett		Date of Receipt
	Mailing Address 877 Ygnacio Valley Road 210		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Walnut Creek	CA	94596
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6525
Name of Employer Hospital Council of North-ern and Centr		Occupation Vice President, Quality Initiatives	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20	113.64

B.	Full Name (Last, First, Middle Initial) Sue Bartlett		Date of Receipt
	Mailing Address 877 Ygnacio Valley Road 210		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Walnut Creek	CA	94596
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6583
Name of Employer Hospital Council of North-ern and Centr		Occupation Vice President, Quality Initiatives	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20	113.64

C.	Full Name (Last, First, Middle Initial) Sue Bartlett		Date of Receipt
	Mailing Address 877 Ygnacio Valley Road 210		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Walnut Creek	CA	94596
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6613
Name of Employer Hospital Council of North-ern and Centr		Occupation Vice President, Quality Initiatives	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20	113.64

SUBTOTAL of Receipts This Page (optional)	340.92
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Sue Bartlett	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 877 Ygnacio Valley Road 210	Transaction ID: INC.A.6655
	City State Zip Code Walnut Creek CA 94596	Amount of Each Receipt this Period 113.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital Council of Northern and Central Occupation Vice President, Quality Initiatives Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.20	

B.	Full Name (Last, First, Middle Initial) Patricia Blaisdell	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6527
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 113.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer California Hospital Association Occupation Vice President, Centers for Medical Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.20	

C.	Full Name (Last, First, Middle Initial) Patricia Blaisdell	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6585
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 113.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer California Hospital Association Occupation Vice President, Centers for Medical Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.20	

SUBTOTAL of Receipts This Page (optional)	340.92
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Patricia Blaisdell		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6615		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Centers for Medical Re	Aggregate Year-to-Date 568.20		

B.	Full Name (Last, First, Middle Initial) Patricia Blaisdell		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6657		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Centers for Medical Re	Aggregate Year-to-Date 568.20		

C.	Full Name (Last, First, Middle Initial) Tracy Campbell		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6528		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 108.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Public Advocacy	Aggregate Year-to-Date 597.85		

SUBTOTAL of Receipts This Page (optional)	335.98
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Tracy Campbell		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6586		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 108.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Public Advocacy	Aggregate Year-to-Date 597.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Tracy Campbell		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6616		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 108.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Public Advocacy	Aggregate Year-to-Date 597.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Tracy Campbell		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6658		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 108.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Public Advocacy	Aggregate Year-to-Date 597.85		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	326.10
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Nancy Carlson		Date of Receipt
	Mailing Address 160 Rudgear Dr.		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Walnut Creek	CA	94596
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6500
Name of Employer California Emergency Physicians		Occupation Senior Practice Management Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="125.00"/>

B.	Full Name (Last, First, Middle Initial) Nancy Carlson		Date of Receipt
	Mailing Address 160 Rudgear Dr.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Walnut Creek	CA	94596
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6684
Name of Employer California Emergency Physicians		Occupation Senior Practice Management Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="125.00"/>

C.	Full Name (Last, First, Middle Initial) Sandra Davis		Date of Receipt
	Mailing Address 8408 Loire Ct.		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Stockton	CA	95209
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6550
Name of Employer Healthcare Insight		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="417.00"/>	<input type="text" value="139.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="389.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 124
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Sandra Davis

Mailing Address 8408 Loire Ct.

City State Zip Code
Stockton CA 95209

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

Name of Employer Healthcare Insight Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.00

Date of Receipt 05 / 30 / 2008

Transaction ID: INC.A.6625

Amount of Each Receipt this Period 139.00

B.

Full Name (Last, First, Middle Initial)
Sandra Davis

Mailing Address 8408 Loire Ct.

City State Zip Code
Stockton CA 95209

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

Name of Employer Healthcare Insight Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.00

Date of Receipt 06 / 30 / 2008

Transaction ID: INC.A.6668

Amount of Each Receipt this Period 139.00

C.

Full Name (Last, First, Middle Initial)
Connie Delgado Alvarez

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association Occupation Senior Legislative Advocate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 597.85

Date of Receipt 04 / 03 / 2008

Transaction ID: INC.A.6516

Amount of Each Receipt this Period 108.70

SUBTOTAL of Receipts This Page (optional) ► 386.70

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Connie Delgado Alvarez

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Senior Legislative Advocate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.85

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: INC.A.6575

Amount of Each Receipt this Period
108.70

B.

Full Name (Last, First, Middle Initial)
Connie Delgado Alvarez

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Senior Legislative Advocate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.85

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: INC.A.6604

Amount of Each Receipt this Period
108.70

C.

Full Name (Last, First, Middle Initial)
Connie Delgado Alvarez

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Senior Legislative Advocate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.85

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: INC.A.6646

Amount of Each Receipt this Period
108.70

SUBTOTAL of Receipts This Page (optional) ► **326.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Ronald DiLuigi		Date of Receipt
	Mailing Address 500 S. Main Street Suite 600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Orange	CA	92868
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.6481
Name of Employer St. Joseph Health System		Occupation Vice President, Advocacy/Government Re	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 312.50
		<input type="text"/> 625.00	

B.	Full Name (Last, First, Middle Initial) Ronald DiLuigi		Date of Receipt
	Mailing Address 500 S. Main Street Suite 600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Orange	CA	92868
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.6665
Name of Employer St. Joseph Health System		Occupation Vice President, Advocacy/Government Re	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 312.50
		<input type="text"/> 625.00	

C.	Full Name (Last, First, Middle Initial) Jan Emerson		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.6515
Name of Employer California Hospital Assoc- iation		Occupation Media Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 108.70
		<input type="text"/> 597.85	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 733.70
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Jan Emerson

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.85

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: INC.A.6574

Amount of Each Receipt this Period
108.70

B.

Full Name (Last, First, Middle Initial)
Jan Emerson

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.85

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: INC.A.6603

Amount of Each Receipt this Period
108.70

C.

Full Name (Last, First, Middle Initial)
Jan Emerson

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.85

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: INC.A.6645

Amount of Each Receipt this Period
108.70

SUBTOTAL of Receipts This Page (optional) ► **326.10**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Kevin Erich

Mailing Address One Madrone Street

City Willits State CA Zip Code 95490

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

Name of Employer Frank R. Howard Memorial Hospital/Adve Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt 04 / 01 / 2008

Transaction ID: INC.A.6496

Amount of Each Receipt this Period 105.00

B.

Full Name (Last, First, Middle Initial)
Kevin Erich

Mailing Address One Madrone Street

City Willits State CA Zip Code 95490

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

Name of Employer Frank R. Howard Memorial Hospital/Adve Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt 04 / 30 / 2008

Transaction ID: INC.A.6557

Amount of Each Receipt this Period 105.00

C.

Full Name (Last, First, Middle Initial)
Kevin Erich

Mailing Address One Madrone Street

City Willits State CA Zip Code 95490

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

Name of Employer Frank R. Howard Memorial Hospital/Adve Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt 05 / 30 / 2008

Transaction ID: INC.A.6619

Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional) ▶ **315.00**

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 18 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Kevin Erich	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address One Madrone Street	Transaction ID: INC.A.6681
	City Willits State CA Zip Code 95490	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Frank R. Howard Memorial Hospital/Adve Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00	

B.	Full Name (Last, First, Middle Initial) Lawrence Funk	Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address 40 Corte Alegre	Transaction ID: INC.A.6544
	City Millbrae State CA Zip Code 94030	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Laguna Honda Hospital and Rehabilitati Occupation Associate Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Funk	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 40 Corte Alegre	Transaction ID: INC.A.6609
	City Millbrae State CA Zip Code 94030	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Laguna Honda Hospital and Rehabilitati Occupation Associate Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	305.00
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Lawrence Funk		Date of Receipt MM / DD / YYYY 06 / 20 / 2008		
	Mailing Address 40 Corte Alegre		Transaction ID: INC.A.6651		
	City Millbrae	State CA	Zip Code 94030	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Laguna Honda Hospital and Rehabilitati	Occupation Associate Administrator	Aggregate Year-to-Date 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Martin Gallegos		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6513		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 173.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Assoc-iation	Occupation Senior Vice President/Chief Legislativ	Aggregate Year-to-Date 956.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Martin Gallegos		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6572		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 173.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Assoc-iation	Occupation Senior Vice President/Chief Legislativ	Aggregate Year-to-Date 956.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	447.84
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Martin Gallegos	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6601
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 173.92
	FEC ID number of contributing federal political committee. C	
Name of Employer California Hospital Association	Occupation Senior Vice President/Chief Legislativ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 956.56	

B.	Full Name (Last, First, Middle Initial) Martin Gallegos	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6643
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 173.92
	FEC ID number of contributing federal political committee. C	
Name of Employer California Hospital Association	Occupation Senior Vice President/Chief Legislativ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 956.56	

C.	Full Name (Last, First, Middle Initial) Mark Gavens	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 8700 Beverly Boulevard	Transaction ID: INC.A.6486
	City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars-Sinai Medical Center	Occupation Senior Vice President, Clinical Care S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.00	

SUBTOTAL of Receipts This Page (optional)	461.84
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Mark Gavens	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 8700 Beverly Boulevard	Transaction ID: INC.A.6553
	City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars-Sinai Medical Center	Occupation Senior Vice President, Clinical Care S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.00	

B.	Full Name (Last, First, Middle Initial) Mark Gavens	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 8700 Beverly Boulevard	Transaction ID: INC.A.6628
	City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars-Sinai Medical Center	Occupation Senior Vice President, Clinical Care S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.00	

C.	Full Name (Last, First, Middle Initial) Mark Gavens	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8700 Beverly Boulevard	Transaction ID: INC.A.6672
	City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars-Sinai Medical Center	Occupation Senior Vice President, Clinical Care S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.00	

SUBTOTAL of Receipts This Page (optional)	342.00
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Barbara Glaser		Date of Receipt
	Mailing Address 1215 K St		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6508
Name of Employer California Hospital Association		Occupation Legislative Advocate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="597.85"/>	<input type="text" value="108.70"/>

B.	Full Name (Last, First, Middle Initial) Barbara Glaser		Date of Receipt
	Mailing Address 1215 K St		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6567
Name of Employer California Hospital Association		Occupation Legislative Advocate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="597.85"/>	<input type="text" value="108.70"/>

C.	Full Name (Last, First, Middle Initial) Barbara Glaser		Date of Receipt
	Mailing Address 1215 K St		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6596
Name of Employer California Hospital Association		Occupation Legislative Advocate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="597.85"/>	<input type="text" value="108.70"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="326.10"/>
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 23 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Barbara Glaser	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6638
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 108.70
	FEC ID number of contributing federal political committee. C	
Name of Employer California Hospital Association	Occupation Legislative Advocate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.85	

B.	Full Name (Last, First, Middle Initial) David Green	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1415 Ross Avenue	Transaction ID: INC.A.6497
	City State Zip Code El Centro CA 92243	Amount of Each Receipt this Period 104.17
	FEC ID number of contributing federal political committee. C	
Name of Employer El Centro Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

C.	Full Name (Last, First, Middle Initial) David Green	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 1415 Ross Avenue	Transaction ID: INC.A.6558
	City State Zip Code El Centro CA 92243	Amount of Each Receipt this Period 104.17
	FEC ID number of contributing federal political committee. C	
Name of Employer El Centro Regional Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

SUBTOTAL of Receipts This Page (optional)	317.04
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 24 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
David Green

Mailing Address 1415 Ross Avenue

City State Zip Code
El Centro CA 92243

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

Name of Employer: El Centro Regional Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt: 05 / 30 / 2008
Transaction ID: INC.A.6620

Amount of Each Receipt this Period: 104.17

B.

Full Name (Last, First, Middle Initial)
David Green

Mailing Address 1415 Ross Avenue

City State Zip Code
El Centro CA 92243

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

Name of Employer: El Centro Regional Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt: 06 / 30 / 2008
Transaction ID: INC.A.6682

Amount of Each Receipt this Period: 104.17

C.

Full Name (Last, First, Middle Initial)
Dietmar Grellmann

Mailing Address 1215 K Street Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer: California Hospital Association
Occupation: Senior Vice President, Managed Care/Pr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt: 04 / 01 / 2008
Transaction ID: INC.A.6485

Amount of Each Receipt this Period: 146.00

SUBTOTAL of Receipts This Page (optional) ► **354.34**

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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt
	Mailing Address 1215 K Street Suite 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6552
Name of Employer California Hospital Association		Occupation Senior Vice President, Managed Care/Pr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00	146.00

B.	Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt
	Mailing Address 1215 K Street Suite 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6627
Name of Employer California Hospital Association		Occupation Senior Vice President, Managed Care/Pr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00	146.00

C.	Full Name (Last, First, Middle Initial) Dietmar Grellmann		Date of Receipt
	Mailing Address 1215 K Street Suite 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6671
Name of Employer California Hospital Association		Occupation Senior Vice President, Managed Care/Pr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1020.00	146.00

SUBTOTAL of Receipts This Page (optional)	438.00
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 26 / 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Gene Grigsby		Date of Receipt
	Mailing Address 515 S Figueroa St Ste 1300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6519
Name of Employer Hospital Association of Southern Calif		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	500.00

B.	Full Name (Last, First, Middle Initial) Daniel Gross		Date of Receipt
	Mailing Address 8695 Spectrum Center Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 0 8
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6547
Name of Employer Sharp HealthCare		Occupation Executive Vice President, Sharp Health	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	312.50

C.	Full Name (Last, First, Middle Initial) Daniel Gross		Date of Receipt
	Mailing Address 8695 Spectrum Center Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6666
Name of Employer Sharp HealthCare		Occupation Executive Vice President, Sharp Health	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	312.50

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: PAGE 27 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Dorel Harms

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Senior Vice President, Clinical Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.99

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: INC.A.6509

Amount of Each Receipt this Period
152.18

B.

Full Name (Last, First, Middle Initial)
Dorel Harms

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Senior Vice President, Clinical Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.99

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: INC.A.6568

Amount of Each Receipt this Period
152.18

C.

Full Name (Last, First, Middle Initial)
Dorel Harms

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Senior Vice President, Clinical Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.99

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: INC.A.6597

Amount of Each Receipt this Period
152.18

SUBTOTAL of Receipts This Page (optional) ► **456.54**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Dorel Harms

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation
California Hospital Association Senior Vice President, Clinical Serv

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 836.99

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.6639

Amount of Each Receipt this Period

152.18

B.

Full Name (Last, First, Middle Initial)
Gerald Hinkley

Mailing Address 505 Montgomery Street
Suite 800

City State Zip Code
San Francisco CA 94111

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

Name of Employer Occupation
Davis Wright Tremaine LLP Partner in Charge

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: INC.A.6624

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Doug Hitchcock

Mailing Address 1215 K St
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation
California Hospital Association Government Relations Counsel

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1312.50

Date of Receipt

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

Transaction ID: INC.A.6482

Amount of Each Receipt this Period

437.50

SUBTOTAL of Receipts This Page (optional) ▶

1839.68

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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Doug Hitchcock		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6667		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 437.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Government Relations Counsel	Aggregate Year-to-Date 1312.50		

B.	Full Name (Last, First, Middle Initial) Charles Howarth		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 9301 Oakdale Ave Suite 160		Transaction ID: INC.A.6517		
	City Chatsworth	State CA	Zip Code 91311	Amount of Each Receipt this Period 166.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CAHHS Unemployment Insurance Division	Occupation Senior Vice President, Unemployment In	Aggregate Year-to-Date 750.06		

C.	Full Name (Last, First, Middle Initial) Charles Howarth		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 9301 Oakdale Ave Suite 160		Transaction ID: INC.A.6576		
	City Chatsworth	State CA	Zip Code 91311	Amount of Each Receipt this Period 166.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CAHHS Unemployment Insurance Division	Occupation Senior Vice President, Unemployment In	Aggregate Year-to-Date 750.06		

SUBTOTAL of Receipts This Page (optional)	770.86
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Charles Howarth		Date of Receipt
	Mailing Address 9301 Oakdale Ave Suite 160		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Chatsworth	CA	91311
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6605
Name of Employer CAHHS Unemployment Insurance Division		Occupation Senior Vice President, Unemployment In	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.06	166.68

B.	Full Name (Last, First, Middle Initial) Charles Howarth		Date of Receipt
	Mailing Address 9301 Oakdale Ave Suite 160		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Chatsworth	CA	91311
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6647
Name of Employer CAHHS Unemployment Insurance Division		Occupation Senior Vice President, Unemployment In	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.06	166.68

C.	Full Name (Last, First, Middle Initial) Cheri Hummel		Date of Receipt
	Mailing Address 1215 K st 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6526
Name of Employer California Hospital Association		Occupation Director, Bioterrorism/Hospital Prepar	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20	113.64

SUBTOTAL of Receipts This Page (optional)	447.00
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial) Cheri Hummel		Date of Receipt MM / DD / YYYY 05 / 05 / 2008
Mailing Address 1215 K st 800		Transaction ID: INC.A.6584
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.64
Name of Employer California Hospital Association	Occupation Director, Bioterrorism/Hospital Prepar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.20	

B.

Full Name (Last, First, Middle Initial) Cheri Hummel		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
Mailing Address 1215 K st 800		Transaction ID: INC.A.6614
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.64
Name of Employer California Hospital Association	Occupation Director, Bioterrorism/Hospital Prepar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.20	

C.

Full Name (Last, First, Middle Initial) Cheri Hummel		Date of Receipt MM / DD / YYYY 06 / 26 / 2008
Mailing Address 1215 K st 800		Transaction ID: INC.A.6656
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.64
Name of Employer California Hospital Association	Occupation Director, Bioterrorism/Hospital Prepar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.20	

SUBTOTAL of Receipts This Page (optional)	340.92
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Deloras Jones

Mailing Address 2 Sandstone Ct.

City State Zip Code
San Rafael CA 94903

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

Name of Employer California Institute for Nursing & Hea
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: INC.A.6490

Amount of Each Receipt this Period
312.50

B.

Full Name (Last, First, Middle Initial)
Deloras Jones

Mailing Address 2 Sandstone Ct.

City State Zip Code
San Rafael CA 94903

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

Name of Employer California Institute for Nursing & Hea
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: INC.A.6676

Amount of Each Receipt this Period
312.50

C.

Full Name (Last, First, Middle Initial)
Gerald Kozai

Mailing Address 3630 East Imperial Highway

City State Zip Code
Lynwood CA 90262

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

Name of Employer St. Francis Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: INC.A.6663

Amount of Each Receipt this Period
500.00

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 33 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Sheree Kruckenberg	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6518
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 108.70
	FEC ID number of contributing federal political committee. C	
Name of Employer California Hospital Association	Occupation Vice President, Behavioral Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.85	

B.	Full Name (Last, First, Middle Initial) Sheree Kruckenberg	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6577
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 108.70
	FEC ID number of contributing federal political committee. C	
Name of Employer California Hospital Association	Occupation Vice President, Behavioral Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.85	

C.	Full Name (Last, First, Middle Initial) Sheree Kruckenberg	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 1215 K St	Transaction ID: INC.A.6606
	City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 108.70
	FEC ID number of contributing federal political committee. C	
Name of Employer California Hospital Association	Occupation Vice President, Behavioral Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.85	

SUBTOTAL of Receipts This Page (optional)	326.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Sheree Kruckenberg		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6648
Name of Employer California Hospital Association		Occupation Vice President, Behavioral Health	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.85	<input type="text"/> 108.70

B.	Full Name (Last, First, Middle Initial) Wright Lassiter		Date of Receipt
	Mailing Address 1411 East 31st Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Oakland	CA	94602
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6502
Name of Employer Alameda County Medical Center		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 312.50

C.	Full Name (Last, First, Middle Initial) Wright Lassiter		Date of Receipt
	Mailing Address 1411 East 31st Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Oakland	CA	94602
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6686
Name of Employer Alameda County Medical Center		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 312.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 733.70
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 35 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Lou Lazatin		Date of Receipt MM / DD / YYYY 04 / 01 / 2008		
	Mailing Address 1328 22nd Street		Transaction ID: INC.A.6501		
	City Santa Monica	State CA	Zip Code 90404	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Saint John's Health Center	Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

B.	Full Name (Last, First, Middle Initial) Mary Lopez		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 1625 E. Shaw Suite 139		Transaction ID: INC.A.6521		
	City Fresno	State CA	Zip Code 93710	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hospital Council of Northern and Centr	Occupation RN/Vice President Quality Initiatives			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.70			

C.	Full Name (Last, First, Middle Initial) Mary Lopez		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1625 E. Shaw Suite 139		Transaction ID: INC.A.6579		
	City Fresno	State CA	Zip Code 93710	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hospital Council of Northern and Centr	Occupation RN/Vice President Quality Initiatives			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.70			

SUBTOTAL of Receipts This Page (optional)	▶	1477.28
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 36 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Mary Lopez		Date of Receipt	
	Mailing Address 1625 E. Shaw Suite 139		M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6608
	Fresno	CA	93710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		113.64	
Name of Employer Hospital Council of Northern and Centr		Occupation RN/Vice President Quality Initiatives		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.70		

B.	Full Name (Last, First, Middle Initial) Mary Lopez		Date of Receipt	
	Mailing Address 1625 E. Shaw Suite 139		M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6650
	Fresno	CA	93710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		113.64	
Name of Employer Hospital Council of Northern and Centr		Occupation RN/Vice President Quality Initiatives		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.70		

C.	Full Name (Last, First, Middle Initial) Michael Madden		Date of Receipt	
	Mailing Address 501 S Buena Vista St		M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6480
	Burbank	CA	91505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		312.50	
Name of Employer Providence Health System - Southern Cal		Occupation Vice President, Advocacy/Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 937.50		

SUBTOTAL of Receipts This Page (optional)	▶	539.78
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 124
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Michael Madden		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 501 S Buena Vista St		Transaction ID: INC.A.6664
	City Burbank	State CA	Zip Code 91505
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 312.50
	Name of Employer Providence Health System - Southern Cal	Occupation Vice President, Advocacy/Development	Aggregate Year-to-Date 937.50

B.	Full Name (Last, First, Middle Initial) Justin Matheson		Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 1215 K St		Transaction ID: INC.A.6522
	City Sacramento	State CA	Zip Code 95814
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.44
	Name of Employer California Hospital Association	Occupation Executive Director	Aggregate Year-to-Date 717.42

C.	Full Name (Last, First, Middle Initial) Justin Matheson		Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 1215 K St		Transaction ID: INC.A.6580
	City Sacramento	State CA	Zip Code 95814
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.44
	Name of Employer California Hospital Association	Occupation Executive Director	Aggregate Year-to-Date 717.42

SUBTOTAL of Receipts This Page (optional)	573.38
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 38 / 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)

Justin Matheson

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer
California Hospital Assoc-
iation

Occupation
Executive Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
717.42

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.6610

Amount of Each Receipt this Period

130.44

B.

Full Name (Last, First, Middle Initial)

Justin Matheson

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer
California Hospital Assoc-
iation

Occupation
Executive Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
717.42

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.6652

Amount of Each Receipt this Period

130.44

C.

Full Name (Last, First, Middle Initial)

Patricia McFarland

Mailing Address 1215 K Street
Suite 730

City State Zip Code
Sacramento CA 95812

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

Name of Employer
Association of California
Nurse Leader

Occupation
Executive Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

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

Transaction ID: INC.A.6488

Amount of Each Receipt this Period

114.00

SUBTOTAL of Receipts This Page (optional) ▶

374.88

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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Patricia McFarland		Date of Receipt MM / DD / YYYY 04 / 30 / 2008		
	Mailing Address 1215 K Street Suite 730		Transaction ID: INC.A.6554		
	City Sacramento	State CA	Zip Code 95812	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Association of California Nurse Leader		Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00			

B.	Full Name (Last, First, Middle Initial) Patricia McFarland		Date of Receipt MM / DD / YYYY 05 / 30 / 2008		
	Mailing Address 1215 K Street Suite 730		Transaction ID: INC.A.6629		
	City Sacramento	State CA	Zip Code 95812	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Association of California Nurse Leader		Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00			

C.	Full Name (Last, First, Middle Initial) Patricia McFarland		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 1215 K Street Suite 730		Transaction ID: INC.A.6674		
	City Sacramento	State CA	Zip Code 95812	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Association of California Nurse Leader		Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00			

SUBTOTAL of Receipts This Page (optional)	▶	342.00
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Anne McLeod		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6520		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President Reimbursement and Economics			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20			

B.	Full Name (Last, First, Middle Initial) Anne McLeod		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6578		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President Reimbursement and Economics			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20			

C.	Full Name (Last, First, Middle Initial) Anne McLeod		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6607		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 113.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President Reimbursement and Economics			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20			

SUBTOTAL of Receipts This Page (optional)	▶	340.92
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 41 / 124
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Anne McLeod

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Hospital Association
Occupation Vice President Reimbursement and Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.20

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: INC.A.6649

Amount of Each Receipt this Period
113.64

B.

Full Name (Last, First, Middle Initial)
Stephanie Mearns

Mailing Address 1401 South Grand Avenue

City State Zip Code
Los Angeles CA 90015

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

Name of Employer California Hospital Medical Center
Occupation Vice President, Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 937.50

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: INC.A.6484

Amount of Each Receipt this Period
312.50

C.

Full Name (Last, First, Middle Initial)
Stephanie Mearns

Mailing Address 1401 South Grand Avenue

City State Zip Code
Los Angeles CA 90015

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

Name of Employer California Hospital Medical Center
Occupation Vice President, Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 937.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: INC.A.6670

Amount of Each Receipt this Period
312.50

SUBTOTAL of Receipts This Page (optional)	738.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Suzanne Ness		Date of Receipt	
	Mailing Address 1215 K St Suite 730		M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6524
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		113.64	
Name of Employer HCNCC - Northern Sierra and Redwood/Me		Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20		

B.	Full Name (Last, First, Middle Initial) Suzanne Ness		Date of Receipt	
	Mailing Address 1215 K St Suite 730		M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6582
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		113.64	
Name of Employer HCNCC - Northern Sierra and Redwood/Me		Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20		

C.	Full Name (Last, First, Middle Initial) Suzanne Ness		Date of Receipt	
	Mailing Address 1215 K St Suite 730		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6612
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		113.64	
Name of Employer HCNCC - Northern Sierra and Redwood/Me		Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.20		

SUBTOTAL of Receipts This Page (optional)	▶	340.92
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 / 124
(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)
 CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A. Full Name (Last, First, Middle Initial)
 Suzanne Ness

Mailing Address 1215 K St
 Suite 730

City State Zip Code
 Sacramento CA 95814

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

Name of Employer Occupation
 HCNCC - Northern Sierra Regional Vice President
 and Redwood/Me

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 568.20

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.6654

Amount of Each Receipt this Period
 113.64

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

Mailing Address 23625 Holman Hwy

City State Zip Code
 Monterey CA 93940

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

Name of Employer Occupation
 Community Hospital of the Vice President
 Monterey Pen

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

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 8

Transaction ID: INC.A.6542

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
 Anne O'Rourke

Mailing Address 499 S Capitol St SW

City State Zip Code
 Washington DC 20003

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

Name of Employer Occupation
 California Hospital Assoc- Senior Vice President, Federal Relatio
 iation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 836.99

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 8

Transaction ID: INC.A.6514

Amount of Each Receipt this Period
 152.18

SUBTOTAL of Receipts This Page (optional) ► 765.82

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 44 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Anne O'Rourke		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 499 S Capitol St SW		Transaction ID: INC.A.6573		
	City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.99			

B.	Full Name (Last, First, Middle Initial) Anne O'Rourke		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 499 S Capitol St SW		Transaction ID: INC.A.6602		
	City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.99			

C.	Full Name (Last, First, Middle Initial) Anne O'Rourke		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 499 S Capitol St SW		Transaction ID: INC.A.6644		
	City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.99			

SUBTOTAL of Receipts This Page (optional)	▶	456.54
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Steve Popkin	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1145 West Redondo Beach Boulevard	Transaction ID: INC.A.6495
	City State Zip Code Gardena CA 90247	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Hospital of Gardena Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Julie Puentes	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 12399 Lewis Street Suite 103	Transaction ID: INC.A.6491
	City State Zip Code Garden Grove CA 92840	Amount of Each Receipt this Period 87.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer HASC - Orange County Area Occupation Regional Vice President, Orange County Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

C.	Full Name (Last, First, Middle Initial) Julie Puentes	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 12399 Lewis Street Suite 103	Transaction ID: INC.A.6677
	City State Zip Code Garden Grove CA 92840	Amount of Each Receipt this Period 87.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer HASC - Orange County Area Occupation Regional Vice President, Orange County Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional)	▶	1425.00
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 46 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Julie Reppas		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.6511
Name of Employer California Hospital Association		Occupation Vice President, Human Resources/Admini	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 227.30	<input type="text"/> 45.46

B.	Full Name (Last, First, Middle Initial) Julie Reppas		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.6570
Name of Employer California Hospital Association		Occupation Vice President, Human Resources/Admini	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 227.30	<input type="text"/> 45.46

C.	Full Name (Last, First, Middle Initial) Julie Reppas		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Sacramento	CA	95814
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.6599
Name of Employer California Hospital Association		Occupation Vice President, Human Resources/Admini	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 227.30	<input type="text"/> 45.46

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 136.38
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 47 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Julie Reppas		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6641		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 45.46	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Vice President, Human Resources/Admini			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.30			

B.	Full Name (Last, First, Middle Initial) Roger Richter		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6506		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 108.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Society for Healthcare Engi	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.85			

C.	Full Name (Last, First, Middle Initial) Roger Richter		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6565		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 108.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Society for Healthcare Engi	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.85			

SUBTOTAL of Receipts This Page (optional)	▶	262.86
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 124
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Roger Richter

Mailing Address 1215 K St
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Society for Healthcare Engi
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.85

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: INC.A.6594

Amount of Each Receipt this Period
108.70

B.

Full Name (Last, First, Middle Initial)
Roger Richter

Mailing Address 1215 K St
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer California Society for Healthcare Engi
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.85

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: INC.A.6636

Amount of Each Receipt this Period
108.70

C.

Full Name (Last, First, Middle Initial)
John Rigg

Mailing Address 499 S Capitol St SW
Ste 410

City State Zip Code
Washington DC 20003

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

Name of Employer California Hospital Association
Occupation Vice President, Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.77

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: INC.A.6530

Amount of Each Receipt this Period
119.06

SUBTOTAL of Receipts This Page (optional) ► **336.46**

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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) John Rigg		Date of Receipt	
	Mailing Address 499 S Capitol St SW Ste 410		M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6589
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		119.06	
Name of Employer California Hospital Association		Occupation Vice President, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.77		

B.	Full Name (Last, First, Middle Initial) John Rigg		Date of Receipt	
	Mailing Address 499 S Capitol St SW Ste 410		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6618
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		119.06	
Name of Employer California Hospital Association		Occupation Vice President, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.77		

C.	Full Name (Last, First, Middle Initial) John Rigg		Date of Receipt	
	Mailing Address 499 S Capitol St SW Ste 410		M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6660
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		119.06	
Name of Employer California Hospital Association		Occupation Vice President, Regulatory Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.77		

SUBTOTAL of Receipts This Page (optional)	357.18
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 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Marcelo Rivera

Mailing Address 15255 Innovation Dr

City State Zip Code
San Diego CA 92128

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

Name of Employer Palomar Pomerado Health Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 937.50

Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: INC.A.6487

Amount of Each Receipt this Period 312.50

B.

Full Name (Last, First, Middle Initial)
Marcelo Rivera

Mailing Address 15255 Innovation Dr

City State Zip Code
San Diego CA 92128

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

Name of Employer Palomar Pomerado Health Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 937.50

Date of Receipt M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.6673

Amount of Each Receipt this Period 312.50

C.

Full Name (Last, First, Middle Initial)
Rebecca Rozen

Mailing Address 877 Ygnacio Valley Road Suite 210

City State Zip Code
Walnut Creek CA 94596

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

Name of Employer HCNCC - East Bay Section Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 568.20

Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: INC.A.6507

Amount of Each Receipt this Period 113.64

SUBTOTAL of Receipts This Page (optional) ► **738.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Rebecca Rozen

Mailing Address 877 Ygnacio Valley Road
Suite 210

City State Zip Code
Walnut Creek CA 94596

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

Name of Employer HCNCC - East Bay Section Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.20

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: INC.A.6566

Amount of Each Receipt this Period
113.64

B.

Full Name (Last, First, Middle Initial)
Rebecca Rozen

Mailing Address 877 Ygnacio Valley Road
Suite 210

City State Zip Code
Walnut Creek CA 94596

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

Name of Employer HCNCC - East Bay Section Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.20

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.6595

Amount of Each Receipt this Period
113.64

C.

Full Name (Last, First, Middle Initial)
Rebecca Rozen

Mailing Address 877 Ygnacio Valley Road
Suite 210

City State Zip Code
Walnut Creek CA 94596

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

Name of Employer HCNCC - East Bay Section Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.20

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.6637

Amount of Each Receipt this Period
113.64

SUBTOTAL of Receipts This Page (optional) ► **340.92**

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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Arnold Schaffer		Date of Receipt
	Mailing Address 501 S Buena Vista St		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Burbank	CA	91505
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6479
Name of Employer Providence Health System - Southern Cal		Occupation Vice President/CEO, Southern Californ	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	<input type="text" value="115.00"/>

B.	Full Name (Last, First, Middle Initial) Arnold Schaffer		Date of Receipt
	Mailing Address 501 S Buena Vista St		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Burbank	CA	91505
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6549
Name of Employer Providence Health System - Southern Cal		Occupation Vice President/CEO, Southern Californ	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	<input type="text" value="115.00"/>

C.	Full Name (Last, First, Middle Initial) Arnold Schaffer		Date of Receipt
	Mailing Address 501 S Buena Vista St		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Burbank	CA	91505
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6623
Name of Employer Providence Health System - Southern Cal		Occupation Vice President/CEO, Southern Californ	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	<input type="text" value="115.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="345.00"/>
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 53 / 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Arnold Schaffer		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 501 S Buena Vista St		Transaction ID: INC.A.6662
	City	State	Zip Code
	Burbank	CA	91505
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.00
Name of Employer Providence Health System - Southern Cal		Occupation Vice President/CEO, Southern Californ	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00	

B.	Full Name (Last, First, Middle Initial) Roger Seaver		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 23845 McBean Parkway		Transaction ID: INC.A.6545
	City	State	Zip Code
	Valencia	CA	91355
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Henry Mayo Newhall Memorial Hospital		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Kathleen Sellick		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 3020 Childrens Way		Transaction ID: INC.A.6492
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Rady Children's Hospital - San Diego		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional)	▶	720.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Kathleen Sellick		Date of Receipt
	Mailing Address 3020 Childrens Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6555
Name of Employer Rady Children's Hospital - San Diego		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 630.00	<input type="text"/> 105.00

B.	Full Name (Last, First, Middle Initial) Kathleen Sellick		Date of Receipt
	Mailing Address 3020 Childrens Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6630
Name of Employer Rady Children's Hospital - San Diego		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 630.00	<input type="text"/> 105.00

C.	Full Name (Last, First, Middle Initial) Kathleen Sellick		Date of Receipt
	Mailing Address 3020 Childrens Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6678
Name of Employer Rady Children's Hospital - San Diego		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 630.00	<input type="text"/> 105.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 315.00
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 55 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Ron Smith	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 235 Montgomery Street Suite 1158	Transaction ID: INC.A.6510
	City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 113.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCNCC - North Bay and San Francisco Se Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.20	

B.	Full Name (Last, First, Middle Initial) Ron Smith	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 235 Montgomery Street Suite 1158	Transaction ID: INC.A.6569
	City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 113.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCNCC - North Bay and San Francisco Se Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.20	

C.	Full Name (Last, First, Middle Initial) Ron Smith	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 235 Montgomery Street Suite 1158	Transaction ID: INC.A.6598
	City State Zip Code San Francisco CA 94104	Amount of Each Receipt this Period 113.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCNCC - North Bay and San Francisco Se Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.20	

SUBTOTAL of Receipts This Page (optional)	340.92
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial) Ron Smith		Date of Receipt MM / DD / YYYY 06 / 26 / 2008
Mailing Address 235 Montgomery Street Suite 1158		Transaction ID: INC.A.6640
City San Francisco	State CA	Zip Code 94104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.64
Name of Employer HCNCC - North Bay and San Francisco Se	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.20	

B.

Full Name (Last, First, Middle Initial) Art Sponseller		Date of Receipt MM / DD / YYYY 04 / 03 / 2008
Mailing Address 1215 K St		Transaction ID: INC.A.6503
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.38
Name of Employer Hospital Council of North-ern and Centr	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 681.90	

C.

Full Name (Last, First, Middle Initial) Art Sponseller		Date of Receipt MM / DD / YYYY 05 / 05 / 2008
Mailing Address 1215 K St		Transaction ID: INC.A.6562
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.38
Name of Employer Hospital Council of North-ern and Centr	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 681.90	

SUBTOTAL of Receipts This Page (optional)	386.40
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 57 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Art Sponseller

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer: Hospital Council of Northern and Centr
Occupation: President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 681.90

Date of Receipt: 05 / 27 / 2008
Transaction ID: INC.A.6591

Amount of Each Receipt this Period: 136.38

B.

Full Name (Last, First, Middle Initial)
Art Sponseller

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer: Hospital Council of Northern and Centr
Occupation: President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 681.90

Date of Receipt: 06 / 26 / 2008
Transaction ID: INC.A.6633

Amount of Each Receipt this Period: 136.38

C.

Full Name (Last, First, Middle Initial)
Lois Suder

Mailing Address 1215 K St

City State Zip Code
Sacramento CA 95814

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

Name of Employer: California Hospital Association
Occupation: Executive Vice President/Chief Operati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 836.99

Date of Receipt: 04 / 03 / 2008
Transaction ID: INC.A.6512

Amount of Each Receipt this Period: 152.18

SUBTOTAL of Receipts This Page (optional) ▶ **424.94**

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: (check only one)	PAGE 58 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Lois Suder		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6571		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C		Name of Employer California Hospital Association		
Occupation Executive Vice President/Chief Operati		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 836.99					

B.	Full Name (Last, First, Middle Initial) Lois Suder		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6600		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C		Name of Employer California Hospital Association		
Occupation Executive Vice President/Chief Operati		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 836.99					

C.	Full Name (Last, First, Middle Initial) Lois Suder		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6642		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C		Name of Employer California Hospital Association		
Occupation Executive Vice President/Chief Operati		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 836.99					

SUBTOTAL of Receipts This Page (optional)	▶	456.54
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 124
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
Michele Tarbet

Mailing Address 5555 Grossmont Center Drive

City State Zip Code
La Mesa CA 91942

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

Name of Employer Sharp Grossmont Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 556.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: INC.A.6498

Amount of Each Receipt this Period
139.00

B.

Full Name (Last, First, Middle Initial)
Michele Tarbet

Mailing Address 5555 Grossmont Center Drive

City State Zip Code
La Mesa CA 91942

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

Name of Employer Sharp Grossmont Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 556.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: INC.A.6560

Amount of Each Receipt this Period
139.00

C.

Full Name (Last, First, Middle Initial)
Michele Tarbet

Mailing Address 5555 Grossmont Center Drive

City State Zip Code
La Mesa CA 91942

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

Name of Employer Sharp Grossmont Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 556.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: INC.A.6621

Amount of Each Receipt this Period
139.00

SUBTOTAL of Receipts This Page (optional) ▶ **417.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 124
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Michele Tarbet		Date of Receipt
	Mailing Address 5555 Grossmont Center Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	La Mesa	CA	91942
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6683
Name of Employer Sharp Grossmont Hospital		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 139.00
		<input type="text"/> 556.00	

B.	Full Name (Last, First, Middle Initial) David Van der Griff		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 01 / 2008
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6494
Name of Employer California Hospital Association		Occupation Legislative Advocate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 104.00
		<input type="text"/> 1324.00	

C.	Full Name (Last, First, Middle Initial) David Van der Griff		Date of Receipt
	Mailing Address 1215 K St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2008
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6556
Name of Employer California Hospital Association		Occupation Legislative Advocate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 104.00
		<input type="text"/> 1324.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 347.00
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 61 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) David Van der Griff		Date of Receipt MM / DD / YYYY 05 / 30 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6631		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 104.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Legislative Advocate	Aggregate Year-to-Date ▼ 1324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) David Van der Griff		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 1215 K St		Transaction ID: INC.A.6680		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 104.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Legislative Advocate	Aggregate Year-to-Date ▼ 1324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Cindy Ward		Date of Receipt MM / DD / YYYY 04 / 03 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6523		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association	Occupation Chief Financial Officer	Aggregate Year-to-Date ▼ 836.99		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	360.18
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 124
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Cindy Ward		Date of Receipt MM / DD / YYYY 05 / 05 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6581		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.99			

B.	Full Name (Last, First, Middle Initial) Cindy Ward		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6611		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.99			

C.	Full Name (Last, First, Middle Initial) Cindy Ward		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 1215 K St Suite 800		Transaction ID: INC.A.6653		
	City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 152.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hospital Association		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 836.99			

SUBTOTAL of Receipts This Page (optional)	▶	456.54
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Cathy Winans		Date of Receipt
	Mailing Address 515 S Figueroa St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6504
Name of Employer Hospital Association of Southern Calif		Occupation Senior Vice President, Medical Communi	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.28	<input type="text"/> 86.96

B.	Full Name (Last, First, Middle Initial) Cathy Winans		Date of Receipt
	Mailing Address 515 S Figueroa St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6563
Name of Employer Hospital Association of Southern Calif		Occupation Senior Vice President, Medical Communi	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.28	<input type="text"/> 86.96

C.	Full Name (Last, First, Middle Initial) Cathy Winans		Date of Receipt
	Mailing Address 515 S Figueroa St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90071
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6592
Name of Employer Hospital Association of Southern Calif		Occupation Senior Vice President, Medical Communi	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.28	<input type="text"/> 86.96

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 260.88
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 64 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Cathy Winans		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 515 S Figueroa St		Transaction ID: INC.A.6634		
	City Los Angeles	State CA	Zip Code 90071	Amount of Each Receipt this Period 86.96	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hospital Association of Southern Calif	Occupation Senior Vice President, Medical Communi	Aggregate Year-to-Date 478.28		

B.	Full Name (Last, First, Middle Initial) Kristine Yahn		Date of Receipt MM / DD / YYYY 04 / 01 / 2008		
	Mailing Address 140 Rock House Circle North		Transaction ID: INC.A.6489		
	City Sacramento	State CA	Zip Code 95835	Amount of Each Receipt this Period 312.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Californians for Patient Care	Occupation Director of Health Care Programs	Aggregate Year-to-Date 937.50		

C.	Full Name (Last, First, Middle Initial) Kristine Yahn		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 140 Rock House Circle North		Transaction ID: INC.A.6675		
	City Sacramento	State CA	Zip Code 95835	Amount of Each Receipt this Period 312.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Californians for Patient Care	Occupation Director of Health Care Programs	Aggregate Year-to-Date 937.50		

SUBTOTAL of Receipts This Page (optional)	711.96
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Judith Yates		Date of Receipt
	Mailing Address 5575 Ruffin Road Suite 225		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6483
Name of Employer Hospital Association of San Diego and		Occupation Vice President/Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>	<input type="text" value="105.00"/>

B.	Full Name (Last, First, Middle Initial) Judith Yates		Date of Receipt
	Mailing Address 5575 Ruffin Road Suite 225		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6551
Name of Employer Hospital Association of San Diego and		Occupation Vice President/Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>	<input type="text" value="105.00"/>

C.	Full Name (Last, First, Middle Initial) Judith Yates		Date of Receipt
	Mailing Address 5575 Ruffin Road Suite 225		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Diego	CA	92123
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.6626
Name of Employer Hospital Association of San Diego and		Occupation Vice President/Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>	<input type="text" value="105.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="315.00"/>
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 / 124
	<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)
CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Judith Yates		Date of Receipt	
	Mailing Address 5575 Ruffin Road Suite 225		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6669
	San Diego	CA	92123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		105.00	
Name of Employer Hospital Association of San Diego and		Occupation Vice President/Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 735.00		

B.	Full Name (Last, First, Middle Initial) James Yoshioka		Date of Receipt	
	Mailing Address 210 W San Bernardino Rd		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6590
	Covina	CA	91723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
Name of Employer Citrus Valley Health Partners		Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

C.	Full Name (Last, First, Middle Initial) Laura Zehm		Date of Receipt	
	Mailing Address 23625 Holman Hwy		M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: INC.A.6499
	Monterey	CA	93940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Community Hospital of the Monterey Pen		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	▶	2105.00
TOTAL This Period (last page this line number only)	▶	32547.24

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

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

FOR LINE NUMBER: (check only one)

PAGE 67 / 124

<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)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 400 Capitol Mall, Suite 702 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6687 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 63.76
B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 400 Capitol Mall, Suite 702 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6688 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 0.48
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 400 Capitol Mall, Suite 702 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6692 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 25.00

SUBTOTAL of Disbursements This Page (optional) ▶

89.24

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)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address 400 Capitol Mall, Suite 702 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6689 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 471.47
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address 400 Capitol Mall, Suite 702 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6690 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4.95
C. Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address 400 Capitol Mall, Suite 702 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6691 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2.51

SUBTOTAL of Disbursements This Page (optional) ▶

478.93

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)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A. Wells Fargo Bank Mailing Address 400 Capitol Mall, Suite 702 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6696 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 97.62
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Wells Fargo Bank Mailing Address 400 Capitol Mall, Suite 702 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6697 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 64.12
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Wells Fargo Bank Mailing Address 400 Capitol Mall, Suite 702 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6698 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 4.80
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

166.54

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)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 400 Capitol Mall, Suite 702 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6702 Date of Disbursement 06 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 79.92
B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 400 Capitol Mall, Suite 702 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6703 Date of Disbursement 06 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 6.24
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address 400 Capitol Mall, Suite 702 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6704 Date of Disbursement 06 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 2.22

SUBTOTAL of Disbursements This Page (optional) ▶

88.38

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

823.09

**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)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A. Full Name (Last, First, Middle Initial) California 2008 GOP Delegation <hr/> Mailing Address 1903 W. Magnolia Boulevard <hr/> City Burbank State CA Zip Code 91506 <hr/> Purpose of Disbursement <hr/> Candidate Name California 2008 GOP Delegation <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6561 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 900.00 <hr/> 011 Category/ Type
B. Full Name (Last, First, Middle Initial) California Republican Party <hr/> Mailing Address 1201 K Street, 7th Floor <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement <hr/> Candidate Name California Republican Party <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

5900.00

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

5900.00

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CA Hospital Assn PAC-Fed, Sponsored by CA Assn of Hopitals & Health Sysms (CA-HHS)

A.

Full Name (Last, First, Middle Initial)
California Alliance for Progress and Education

Mailing Address 455 Capitol Mall, Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non Federal Contribution

Candidate Name
California Alliance for Progress and Education

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: EXP.B.6548

Date of Disbursement

^M 0	^M 4	/	^D 2	^D 8	/	^Y 2	^Y 0	^Y 0	^Y 8
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Amount of Each Disbursement this Period

25000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00

Image# 28932146165

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6634**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6592**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Image# 28932146166

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6563**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6504**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Image# 28932146167

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6653**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6611**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146168

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6581**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6523**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146169

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6642**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6600**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146170

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6571**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6512**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146171

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6633**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6591**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146172

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6562**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6503**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146173

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6640**

Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 941

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6598**

Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 941

Image# 28932146174

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6569**

Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 941

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6510**

Intermediary: HCNCC - North Bay and San Francisco Sections 235 Montgomery St, Ste 1158 San Francisco, CA 941

Image# 28932146175

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6637**

Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6595**

Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596

Image# 28932146176

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6566**

Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6507**

Intermediary: HCNCC - East Bay Section 877 Ygnacio Valley Rd, Ste 210 Walnut Creek, CA 94596

Image# 28932146177

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6660**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6618**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Image# 28932146178

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6589**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6530**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Image# 28932146179

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6636**

Intermediary: California Society for Healthcare Engineering Inc., State Office 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6594**

Intermediary: California Society for Healthcare Engineering Inc., State Office 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146180

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6565**

Intermediary: California Society for Healthcare Engineering Inc., State Office 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6506**

Intermediary: California Society for Healthcare Engineering Inc., State Office 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146181

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6641**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6599**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146182

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6570**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6511**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146183

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6644**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6602**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Image# 28932146184

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6573**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6514**

Intermediary: California Hospital Association 499 S Capitol St SW, Ste 410 Washington, DC 20003

Image# 28932146185

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6654**

Intermediary: HCNCC - Northern Sierra and Redwood/Mendocino and Lake Sections 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6612**

Intermediary: HCNCC - Northern Sierra and Redwood/Mendocino and Lake Sections 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146186

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6582**

Intermediary: HCNCC - Northern Sierra and Redwood/Mendocino and Lake Sections 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6524**

Intermediary: HCNCC - Northern Sierra and Redwood/Mendocino and Lake Sections 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146187

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6649**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6607**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146188

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6578**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6520**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146189

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6652**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6610**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146190

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6580**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6522**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146191

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6650**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6608**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146192

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6579**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6521**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146193

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6648**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6606**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146194

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6577**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6518**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146195

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6656**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6614**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146196

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6584**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6526**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146197

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6647**

Intermediary: CAHHS Unemployment Insurance Division 9301 Oakdale Ave, Ste 160 Chatsworth, CA 91311

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6605**

Intermediary: CAHHS Unemployment Insurance Division 9301 Oakdale Ave, Ste 160 Chatsworth, CA 91311

Image# 28932146198

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6576**

Intermediary: CAHHS Unemployment Insurance Division 9301 Oakdale Ave, Ste 160 Chatsworth, CA 91311

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6517**

Intermediary: CAHHS Unemployment Insurance Division 9301 Oakdale Ave, Ste 160 Chatsworth, CA 91311

Image# 28932146199

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6639**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6597**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146200

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6568**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6509**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146201

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6638**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6596**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146202

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6567**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146203

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6643**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146204

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6572**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6513**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146205

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6645**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146206

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6515**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146207

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6646**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146208

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6575**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6516**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146209

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6658**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6616**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146210

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146211

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6657**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146212

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6585**

Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: California Hospital Association 1215 K St, Suite 800 Sacramento, CA 95814

Image# 28932146213

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6655**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
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Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146214

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6583**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6525**

Intermediary: Hospital Council of Northern and Central California 1215 K St, Ste 730 Sacramento, CA 95814

Image# 28932146215

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6635**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6593**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Image# 28932146216

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6564**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071

Form/Schedule: **SA11AI**
Transaction ID: **INC.A.6505**

Intermediary: Hospital Association of Southern California 515 S Figueroa St, Suite 1300 Los Angeles, CA 90071
